DOCUMENT RESUME

ED 346 058 SP 033 818

TITLE	School Health Program. Kindergarten.
INSTITUTION	Northwest Territories Dept. of Education, Yellowknife.
SPONS AGENCY	Department of National Health and Welfare, Ottawa (Ontario).
PUB DATE	Mar 91
NOTE	510p.; For related documents, see SP 033 819-824.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF02/PC21 Plus Postage.
DESCRIPTORS	Curriculum Guides; *Educational Objectives; Elementary School Curriculum; English (Second Language); Foreign Countries; *Health Education; *Health Promotion; Instructional Materials; Kindergarten; Language of Instruction; *Lesson Plans; Primary Education; Program Implementation; Teaching Guides; *Teaching Methods; Whole Language Approach
IDENTIFIERS	Northwest Territories

ABSTRACT

In order for individuals to make informed decisions about their health, they must have support, information, and skills to help them understand what promotes their health and what they themselves can do to enhance health. The major goals of the Northwest Territories (Canada) school health program are: to provide factual information on the human body; to enable students to develop skills that, along with factual information, will allow them to make informed choices related to health; to enhance students' self-esteem through self-understanding; to enable students to develop attitudes which lead to positive lifestyle behaviors; and to promote lifestyle practices which are conducive to lifelong health. This guide contains instructional strategies, lesson plans, reproducibles, and teacher background materials for kindergarten classes. The material is organized around six units: mental and emotional well-being, growth and development, alcohol and other drugs, nutrition, safety and first aid, and dental health. This guide also contains an introduction to the complete program, including scope and sequence charts outlining the major topics at each grade level. A discussion of the language development approach for students who are not proficient in English is also included. (IAH)

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Northwest Territories

School Health Program

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Kindergarten

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NORTHWEST TERRITORIES

School Health Program

KINDERGARTEN

Northwest
Territories Education
Health

4

March, 1991

NORTHWEST TERRITORIES

School Health Program

INTRODUCTION

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ACKNOWLEDGEMENTS

Health and Welfare Canada, Health Promotion Directorate, Prairie Region provided most of the funding for this project. The Northwest Territories Departments of Health and Education gratefully acknowledge this contribution.

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- Elsie Burger, Thomas Palakkamanil, Bertha Blondin — Dene Nation, Yellowknife
- Margaret Dukes — St. John Ambulance Association, Ottawa

The Department of Education and the Department of Health wish to acknowledge the support and cooperation of Regional and Area Superintendents of Education in facilitating the pilot-testing process in schools in all regions.

Special thanks are due to the many teachers in the Northwest Territories who tested the various units of the program. The time and effort which they gave and the resulting feedback were invaluable in the development of this program.

The Department of Education and Department of Health wish to thank the Department of Education, Manitoba for permission to reproduce sections of the Manitoba Health Education Curriculum, 1983, and "A Parent's Guide to Family Life Education: An Optional Health Unit 1986". Winnipeg: The Department of Education, 1986.

NORTHWEST TERRITORIES

School Health Program

PHILOSOPHY AND RATIONALE

THE RATIONALE FOR HEALTH EDUCATION

Traditionally, almost all human and financial resources related to health care in the Northwest Territories have been devoted to acute treatment of illnesses in nursing stations, doctors' offices, hospitals and drug treatment centres. The human and financial costs of this approach have been high.

This approach has led to dependence on medical institutions and professionals. As a result, there is a recognized need to promote a more comprehensive approach to health, especially as it relates to lifestyle. In addition to acute care services, this new approach would include education, environmental changes and greater individual responsibility for health.

THE NEED FOR A HEALTH EDUCATION PROGRAM IN N.W.T. SCHOOLS

Dr. Otto Schaefer, a well-known northern medical officer, has shown that abrupt changes in the diet of native populations have contributed to an increasing incidence of non-communicable diseases, such as cancer and obesity, as well as diseases of the respiratory and circulatory systems. Furthermore, according to Dr. Schaefer, the breakdown of the traditional social structure, specifically the family unit, is associated with wide-spread alcohol and drug abuse, increases in sexually transmitted diseases, family violence and suicide.

In November 1982, the survey "Tobacco Use Among Students in the Northwest Territories" reported that smoking rates in the school population of the N.W.T. were among the highest recorded for any school population in Canada. Smoking started in the early years of elementary school and by the late adolescent years (15 to 19), 49% of boys and 53% of girls were regular smokers. It also found that approximately 9% of Northwest Territories school children used chewing tobacco or snuff. It concluded that four variables were important in the decision to smoke — age, smoking behaviour of friends, smoking behaviour of brothers or sisters and parental smoking.

In 1984, according to the "Report on Health Conditions in the Northwest Territories", accidents, injury and violence accounted for more than 30% of all deaths. The rates for suicide, infant deaths, sexually transmitted diseases and teenage pregnancies were all above the national average.

In addition, there is evidence from treatment centres, that more and more young people are seeking help for drug problems at a younger age.

Also in 1984, the Social Program Evaluation Group from Queen's University, with a grant from Health and Welfare Canada, conducted the Canada Health Attitudes and Behaviours Survey in all provinces and territories. They conducted this survey in a number of selected communities in the Northwest Territories among Grade 4, Grade 7 and Grade 10 students. It concluded that with respect to:

Nutrition

- young people in the Northwest Territories were well below the national average for Grade 4 and Grade 7, and slightly below for Grade 10, in meeting the daily requirements of all four food groups (both in amount and variety);

- young people at all three grade levels consumed more foods with a high sugar content than their southern counterparts.

Alcohol & Drug Use

- higher than average percentage of Grade 7 and Grade 10 students in the Northwest Territories smoked cigarettes;

- of Grade 10 students, lower numbers used alcohol (some communities in which the surveys were conducted were "dry" communities);

- there was an extremely high incidence of cannabis use.

Self-esteem

- Northwest Territories young people felt slightly less positive about themselves and their relationships with their parents than other young Canadians.

Family Life Education

- a higher proportion of students in the N.W.T. than elsewhere in Canada learned about human sexuality in school.

Many of the problem health conditions identified in these and other studies are related to lifestyle behaviours and unhealthy environmental conditions which can be modified by the individual.

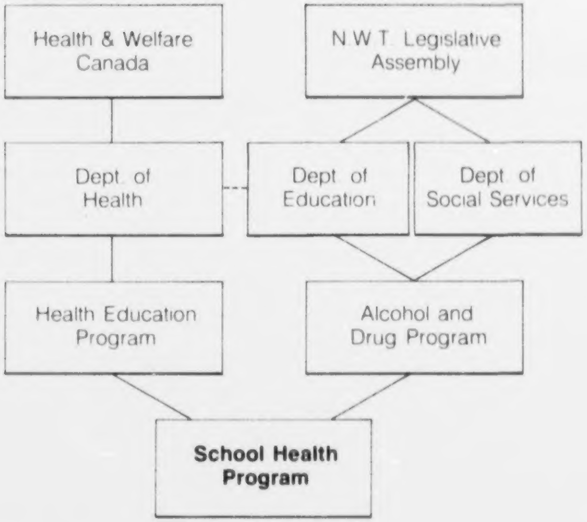
THE HISTORY OF THE N.W.T. SCHOOL HEALTH PROGRAM

Prior to 1979, teachers in the Northwest Territories had no formal health program to follow. In 1979, the Department of Education published ***"The Northwest Territories Community School Health Program."*** It outlined the goals which students should achieve by the end of Grade 9. Although the list of goals provided teachers with a framework for unit and lesson planning, it was not a comprehensive health program.

In 1983, on the premise that many of the health problems which exist in the Northwest Territories could be prevented or reduced through an education program in the schools, the Northwest Territories Department of Health received funding from Health and Welfare Canada to develop a program for Kindergarten to Grade 12 students in consultation with the Department of Education.

At the same time, the Northwest Territories Legislative Assembly allocated separate funding to the Department of Social Services and the Department of Education to develop an Alcohol and Drug Program for schools.

These two programs together form the Northwest Territories School Health Program.


Health & Welfare Canada
N.W.T. Legislative Assembly
Dept. of Health
Dept. of Education
Dept. of Social Services
Health Education Program
Alcohol and Drug Program
School Health Program

ASSESSING THE HEALTH NEEDS OF N.W.T. SCHOOL CHILDREN

The public, particularly parents and students, must accept a health education program in order for it to have an impact on their everyday lives. Such acceptance requires involvement. Local involvement also ensures the relevance of the program to the students for whom it is designed.

To ensure input by northerners, the Department of Health established two advisory committees with members representing professional, cultural and regional groups. These advisory committees provided general overall direction to the project.

The program staff conducted a comprehensive needs assessment to assess the perceived health needs of students in communities.

They distributed questionnaires to the following selected groups of people in every community in the Northwest Territories:

- pre-adolescent students and their parents
- adolescent students and their parents
- Local Education Authorities
- teachers
- administrators

The questionnaires asked:

- what aspects of health students were interested in;
- what parents thought it was important for their children to learn about health; and,
- what Local Education Authorities and teachers perceived the needs of the students in their local school were.

Well over 3000 people responded to the questionnaires. They made a significant contribution to this program by articulating the health needs of students.

At the same time, researchers examined statistical data about the delivery of health care in the Northwest Territories to determine why people in various age groups sought professional health care. They found, for example, that, in the 15-19 age group, the main reasons for health care were a result of injuries or poisoning. This was closely followed by diseases of the respiratory system.

Evidence from:

- the examination of problem health conditions in the N.W.T.
- the assessment of student health needs by themselves and others close to them, and
- the analysis of reasons why people seek medical help

indicates that many young people are seeking treatment for problem conditions which could have been prevented. Young people must be encouraged to accept responsibility for their own health in order to maintain and enhance personal health.

A VISION OF HEALTH

Health is a state of complete physical, mental and social well-being. It is the result of a dynamic interdependence of these elements, as well as cultural and spiritual elements. Any change which occurs in one dimension will affect the others.

To reach a state of complete well-being, an individual must be able to realize aspirations, satisfy needs and change or cope with the environment.

This vision of health and the premise that health is a resource for everyday life serves as a basis for the Northwest Territories School Health Program.

The World Health Organization states "Health promotion is the process of enabling people to increase control over, and to improve, their health."

This is done in three ways:
- through self-care i.e., making decisions and adopting practices which specifically preserve their health;
- through mutual aid i.e., helping each other, supporting each other emotionally, sharing ideas, information and experiences;
- through creating healthy environments i.e., altering or adapting social, economic and physical surroundings to maintain and enhance health.

In order for individuals to make informed decisions with regard to their health, they must have support, information and skills to help them understand what promotes their health and what they themselves can do to enhance health.

This is the focus of the Northwest Territories School Health Program.

THE ROLE OF SCHOOLS IN HEALTH PROMOTION

Health promotion is specifically dedicated to enabling individuals to take the lead role in determining the status of their own health. The growing commitment to health education programs in schools can create a supportive environment for the development of healthy practices by providing information and encouraging change. Many jurisdictions now acknowledge the importance of health to quality of life by requiring health education as part of the school curriculum.

It is important to articulate the role of the school in health promotion. It is also important to recognize the limitations of the school's role. The public expects a program such as the Northwest Territories School Health Program to solve all the current social, emotional or physical conditions which contribute to a less than perfect state of well-being among students. That is not the role of health education in the school. The School Health Program does complement the efforts of other agencies in health promotion in the N.W.T. by specifically providing information and by developing skills and attitudes to enable individuals to take the lead role in attaining healthy life styles. The school cannot, however, make the student choose a healthy lifestyle.

By providing information and by developing skills, the school, however, does influence beliefs and attitudes, and it is these changing beliefs and attitudes that impact on behaviour.

Health behaviour is related to the general beliefs:
- that people are vulnerable to problem health conditions;
- that these conditions produce undesirable consequences; and,
- that the consequences are usually preventable.

By influencing these health beliefs positively, the school will increase the probability of positive health behaviours.

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NORTHWEST TERRITORIES

School Health Program

IMPLEMENTATION

MAJOR GOALS

OF THE NORTHWEST TERRITORIES SCHOOL HEALTH PROGRAM

The major goals of the Northwest Territories School Health Program are:

- *to provide factual information on the human body;*
- *to enable students to develop skills that, along with the factual information, will allow them to make informed choices related to health;*
- *to enhance students' self-esteem through self-understanding;*
- *to enable students to develop attitudes which lead to positive lifestyle behaviours; and,*
- *to promote positive lifestyle practices which are conducive to lifelong health.*

THE UNITS OF THE PROGRAM

There are seven units in the program. The central unit is Mental and Emotional Well-Being. It is the major skill-building unit.

GROWTH & DEVELOPMENT

- to acquire factual information about the body systems
- to understand how to maintain and enhance physical health
- to adopt lifestyle practices which maintain and enhance physical health

FAMILY LIFE

- to understand the importance of the family unit
- to understand the roles and responsibilities in caring relationships
- to acquire factual information on human sexuality
- to make informed decisions related to human sexuality
- to adopt lifestyle practices related to family life and human sexuality, which enhance health

DENTAL

- to acquire factual information about dental health
- to understand the importance of dental health to well-being
- to develop skills and adopt lifestyle practices which enhance dental health

MENTAL AND EMOTIONAL WELL-BEING

GOALS

To enable students

- to increase self-awareness
- to develop decision-making skills which can be applied to all aspects of health
- to develop communication skills, which assist in the formation of meaningful interpersonal relationships
- to develop coping skills
- to adopt lifestyle practices that maintain and enhance mental and emotional health

ALCOHOL AND OTHER DRUGS

- to acquire factual information on alcohol and other drugs
- to make informed choices regarding the use of drugs in their own lives
- to adopt lifestyle practices related to the use of alcohol and other drugs which maintain and enhance health

SAFETY AND FIRST AID

- to acquire factual information about safety and first aid
- to understand the nature of accidents
- to understand the importance to health of preventing accidents
- to develop skills to preserve life in an emergency
- to adopt lifestyle practices which prevent accidents

NUTRITION

- to acquire factual information about nutrition
- to understand the role of nutrition in maintaining and enhancing health
- to adopt lifestyle practices related to nutrition which maintain and enhance health

SCOPE AND SEQUENCE

The following charts provide an overview of the major topics, indicating at which grade they are taught.

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Mental & Emotional Well-Being	Self awareness • physical characteristics • abilities • feelings Relationships • doing things with friends	Self awareness • physical characteristics • abilities • likes and dislikes Relationships • working and playing together • helping • sharing	Self awareness • feelings • expressing feelings appropriately Relationships • friends • making friends Coping • stressful situations	Self awareness • people are alike and different • everyone is unique Relationships • responsibilities • sharing responsibilities • different ways of communicating Decision-Making • choices • situations which require decisions
Growth & Development	Body Systems • external body parts • five sensory organs Lifestyle • positive daily and regular health habits	Body Systems • touch • taste • smell Disease Prevention • signs of sickness • germs spread diseases • disease prevention	Body Systems • sight • hearing Lifestyle • positive health habits Health Care • community health care workers Environmental Health • clean water, air and good soil	Body Systems • internal organs Growth Patterns • changes in height and weight Disease Prevention • personal responsibility for health Environmental Health • different kinds of pollution
Family Life		Families • different members • similarities/differences in family structures Human Development & Reproduction • external body parts/boys/girls Abuse Prevention • feelings associated with touch • safety rules • family/community support people	Families • families provide for the needs of their members • the maintenance of the family unit Human Development & Reproduction • living things reproduce and grow Abuse Prevention • potentially abusive situations • behaviours that maintain personal safety	Families • family structure changes with time • new family members • some family members require special care Human Development & Reproduction • body organs related to reproduction • human babies are created from the union of a sperm and egg

SCOPE AND SEQUENCE

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Nutrition	**Food Identification** • foods and non-foods **Food Appreciation** • healthy snacks • unfamiliar foods	**Food Identification** • foods from plants and animals **Food Classification** • four food groups **Food Selection** • food from each food group **Food Appreciation** • nutritious food to start the day	**Food Identification** • different food forms **Food Classification** • functions of each food group • nutritious snacks **Food Selection** • nutritious meals **Food Appreciation** • different food forms	**Food Classification** • classifying into food groups • function of each food group • common foods which do not belong to a food group **Food Selection** • nutritious eating for one day **Food Appreciation** • nutritious food to start the day
Dental	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food • safe and unsafe behaviours **Dental Disease** • tooth decay **Dental Services and Products** • local dental health workers	**Structure and Function** • primary and permanent teeth **Oral Hygiene** •flossing skills **Dental Health** • safe and unsafe snacks **Dental Disease** • dental plaque **Dental Services and Products** • common dental health products	**Structure and Function** • specific tooth groups and their functions **Oral Hygiene** • toothbrushing and flossing skills **Dental Disease** • dental plaque **Dental Services and Products** • personal responsibility for dental health care • community dental health workers
Safety & First Aid	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • safety rules for pedestrians **Fire Safety** • fire drill procedures **Safety** • poisons • poison warning sign • tasting unknown substances • hazard warning signs	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • emergency phone calls **Accident Prevention** • burns and scalds • falls **First Aid** • first aid for minor cuts **Safety** • poisons • sniffing unsafe substances • tasting unknown substances	**Burn Prevention** • safety rules around electricity **Bicycle Safety** • bicycle rules and traffic laws **Outdoor Safety** • frostbite **Firearm Safety** • firearm safety rules **First Aid** • nosebleeds **Safety** • hazard warning signs • common unsafe substances • rules for unsafe substances	**Burn Prevention** • burns and scalds **Fire Safety** • clothes on fire • burning buildings **Outdoor Safety** • ice safety **Personal Safety** • animal bites **Safety** • hazard warning signs
Alcohol & Other Drugs		**Drugs** • medicine safety	**Drugs** • medicines are drugs • medicines may be helpful and harmful	**Drugs** • sources of medicines • rules for medicines • common substances which contain drugs **Tobacco** • effects of tobacco **Well-Being** • improving their well-being

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Mental & Emotional Well-Being	**Self awareness** • strengths and weaknesses • activities affect how people feel **Relationships** • caring behaviours **Decision-Making** • the effects of choices • peer influence • resisting peer pressure	**Relationships** • communication/effective speaking/ active listening • assertive communication skills • the refusal process **Decision-Making** • advertising influence **Coping** • stressful situations • signs of stress • ways of dealing with stress	**Relationships** • responsibilities in maintaining a relationship • volunteerism **Decision-Making** • values • the decision-making process • group decisions **Coping** • time management **Lifestyle** • assessing/improving personal characteristics
Growth & Development	**Body Systems** • digestive system **Disease Prevention** • communicable/non-communicable diseases **Environmental Health** • safe drinking water **Health Care System** • health care supports	**Body Systems** • respiratory system/circulatory system • lifestyle behaviours for a healthy cardiovascular system	**Body Systems** • excretory system/nervous system **Disease Prevention** • germ entry into the body • the three lines of defence • AIDS prevention
Family Life	**Families** • families provide for the needs of their members • family traditions **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation (optional lesson for girls only) **Abuse Prevention** • touches that produce negative or confused feelings • family/community support people	**Families** • male/female roles • family activities **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation • reproductive process/sex cell development/journey of sperm/ intercourse/fertilization	**Families** • responsibilities and relationships change with time • importance of elders **Human Development and Reproduction** • endocrine system • relationship between puberty and the endocrine system • relationship between reproduction and menstruation • reproductive process/stages of fetal development **Abuse Prevention** • sexual abuse/behaviours which prevent abuse • family/community support people

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SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Nutrition	**Food Classification** • six major nutrients • sources of major nutrients • nutritious and non-nutritious snacks **Food Selection** • factors that affect food choices **Food Appreciation** • nutritious snacks	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • recommended daily servings • food availability • food processing **Food Appreciation** • a nutritious northern meal	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • serving sizes • balanced food intake • reading food labels **Lifestyle** • personal nutrition program
Dental	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Health** • dental hazards • preventing dental injuries **Dental Disease** • tooth decay • fluoride **Dental Services and Products** • dental health care	**Oral Hygiene** • toothbrushing and flossing skills **Dental Health** • effects of tobacco products **Dental Services and Products** • benefits and disadvantages of dental health products • homemade toothpaste • role of dental health workers	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Disease** • common dental health problems • signs of dental health problems • treatment for dental health problems • preventing dental health problems **Lifestyle** • personal dental health program
Safety & First Aid	**Burn Prevention** • scalds **Bicycle Safety** • bike maintenance • bike skills and safety rules **Fire Safety** • common causes of fire • fire exit plans • individual responsibility **First Aid** • frostbite and hypothermia **Motor Vehicle Safety** • all terrain vehicles • snowmobiles	**Burn Prevention** • burns from flames • burns from electricity **Fire Safety** • home/campfire safety **Outdoor Safety** • safe camping • water and ice safety **First Aid** • burns • external bleeding	**Motor Vehicle Safety** • all terrain vehicles • snowmobiles **Babysitting Safety** • responsibilities • common injuries • safety rules • emergencies **Outdoor Safety** • survival **First Aid** • artificial respiration • choking • external bleeding • poisoning • unconciousness **Lifestyle** • importance of first aid • safety organizations and professionals • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • specific drugs in commonly used substances • medical and non-medical drugs • effect of drugs on the brain • reasons for using/not using drugs • personal responsibility for decisions about use of drugs • use and misuse of drugs **Caffeine** • caffeine affects the body **Alcohol** • alcohol affects the body • factors which determine the effects of alcohol • reasons for using/not using alcohol • misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • specific drugs in commonly used substances • tobacco affects the body • drug myths • community resources for drug information • peer pressure/advertising influence decisions about drug use **Alcohol** • short/long term effects of alcohol • use and misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • personal responsibility for decisions about drug use • values related to drug use • drug myths • peer pressure/advertising influence decisions about drug use **Alcohol** • factors which determine the effects of alcohol • social effects of alcohol misuse • effects of alcohol on young people **Well-Being** • individual activities which promote well-being • leisure time activities in the community

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Mental & Emotional Well-Being	• self-esteem • conversations • criticism • personal plan to enhance self-esteem	• characeristics of effective working groups • reasons for forming group • depression • suicide • stress - causes - methods of dealing with stress	• future career choices • job seeking • assessment of personal lifestyles • personal plan to improve lifestyle
Growth & Development	• integumentary system/immune system • common health problems of adolescence • health behaviours which help prevent adult health problems • physical fitness - components - personal plan	• skeletal system/muscular system • personal exercise plan for the muscular system	• inter-relationship of the body system • NWT Health Care system - function - responsible use • economics of health care • health careers
Family Life	• family decisions • family communication • reproductive system - function • relationship between endocrine system and the menstrual cycle • stages of the reproductive process • abstinence • risks and consequences of early pregnancy • sexually transmitted diseases - AIDS - chlamydia - gonorrhea - preventive behaviours • sexual assault - common myths - consequences for victim and offender • potentially dangerous situations • behaviours which help prevent sexual assault	• family structures change • menstruation - the implications • stages of the reproductive process • abstinence and assertiveness • positive health behaviours related to pregnancy • sexually transmitted diseases - AIDS - syphilis - trichomonas - pubic lice - preventive behaviours • birth control - methods - attitudes • family violence - causal factors - coping	• sex-role stereotyping • effective parenting • support systems for families • reproductive system - its role in the formation of new life • heredity • fetal development - stages - risk factors • birth control - risks and consequences • unplanned pregnancy - alternatives - attitudes - prevention • positive lifestyle practices related to family life • constructive relationships

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Nutrition	**Food Classification** • NWT Food Guide **Food Selection** • menu planning for different age groups **Food Consumerism** • advertising affects food choices • food additives **Food Appreciation** • food items with few additives	**Energy Balance** • energy needs • stored energy • energy intake and output **Food Consumerism** • analyzing diets **Lifestyle** • weight control	**Food Selection** • factors that influence food choices • food customs in the NWT • community feast menu **Lifestyle** • nutrition concerns in the NWT • preventive behaviours • Canadian nutrition and dietary recommendations • personal nutrition program
Dental	**Dental Health** • dental emergencies **Dental Disease** • common dental health problems of children and youth • nursing bottle mouth	**Dental Health** • safe, unsafe foods **Dental Services and Products** • professional preventive procedures • fluoride • common dental health products **Lifestyle** • personal action plan for dental health	**Dental Health** • behaviours/factors that promote dental health **Dental Careers** • requirements for dental careers **Lifestyle** • positive lifestyle practices related to dental health
Safety & First Aid	**Babysitting Safety** • responsibilities • common injuries • childcare routines and play • safety rules **Outdoor Safety** • firearm safety **First Aid** • burns • poisoning **Lifestyle** • safety organizations and professionals • personal safety and first aid program	**Outdoor Safety** • survival safety • boating safety • sports safety **First Aid** • frostbite/hypothermia • head/eye injuries • diabetic emergencies • epileptic seizures/convulsions • fainting **Lifestyle** • importance of first aid • personal safety and first aid program	**First Aid** • artificial respiration • choking • external/internal bleeding • shock • unconsciousness • fractures, sprains, dislocations • heart attacks, strokes • poisoning **Lifestyle** • leading causes of injuries/accidental death • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • methods of taking drugs • different categories of drugs • traditional medicine **Alcohol** • different types of alcohol • metabolism of alcohol • effects of alcohol • reasons for using/not using alcohol **Cannabis** • cannabis and the body **Well-Being** • peer pressure and drug use • positive role models	**Drugs** • dangers of combining drugs • advertising influences decisions about drug use **Alcohol** • historical use of alcohol • use, misuse, abuse of alcohol • community resources for alcohol problems • teenage alcohol problems • fetal alcohol syndrome • advertising influences decisions about alcohol use **Cannabis** • physical and psychological effects of cannabis • cannabis and the reproductive system	**Drugs** • drug groups • side effects of drugs • drugs and the law **Alcohol** • alcohol and the law • The Young Offenders' Act • local control of alcohol **Well-Being** • personal attitudes towards drug use

TIME ALLOCATION

Effective September 1987, Health Education will become a required part of the school curriculum.

During the first year of implementation, teachers will implement 40 hours of the program. Thereafter, the recommended minimum time allocation for health education will be 60 hours per year for Grade 1 to Grade 9 students. (Since many Kindergarten students attend school for only half a day, it is not possible to recommend 60 hours for that Grade. However, health education should be taught in Kindergarten.)

This means approximately 90 minutes per week for a school with a 190 day school year,

- or 3 x 30 minute lessons per week at the elementary level
- and 2 x 45 minute lessons per week at the junior high level.

The following recommended hourly time allocations apply to each unit:

Teachers should note that time requirements for Nutrition, Dental Health and Safety and First Aid have been calculated; however, these units will not be available until September 1988.

Differences in age, experience, language proficiency and developmental level will influence each student's learning. Some students may require enrichment activities or additional assistance. Some lessons will take more than one class period, but allowance has been made in the time allocations for this to happen.

Since Mental and Emotional Well-Being is the basic skill-building unit, and since Growth and Development contains much of the information about the body systems, the Department of Education recommends teaching these two units prior to introducing any other unit.

UNIT	**GRADE**								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Mental & Emotional	10	10	10	10	10	10	10	10	10
Growth & Development	10	10	10	10	10	10	8	8	8
Family Life	10	10	10	10	10	10	12	12	12
Alcohol & Other Drugs	6	6	6	8	8	10	10	10	10
Nutrition	8	8	8	8	8	6	6	6	6
Dental	8	8	8	6	6	6	4	4	4
Safety & First Aid	8	8	8	8	8	8	10	10	10

THE LESSON FORMAT

The program is laid out in an easy-to-follow, easy-to-use format. Each lesson indicates the ***unit name, the grade level, lesson number*** and ***theme:***

e.g., Growth and Development
Grade 1 Lesson: 3 Theme: Body Systems

The ***concept*** for each lesson is clearly articulated at the start of the lesson. Concepts may be repeated within a single grade or between grades. The different objectives, however, ensure that students move from a basic understanding to a more advanced understanding of the same concept.

The ***preparation*** outlines all the tasks which a teacher will have to complete prior to teaching the lesson and all the materials or resources which are required for that particular lesson.

The ***vocabulary*** is not an all-inclusive list of words with which students should be familiar. Rather, it is a basic list of the terms which students will have to understand and be able to use in order to learn about the concept. Individual teachers are in the best position to determine the language needs of their students for each lesson.

The lessons, themselves, are divided into three columns:

- the ***objectives***, which are behavioural objectives students should achieve, once they have participated in the lesson;
- ***student activities***, which are suggested activities that teachers may use with their students to help them achieve the objectives. Teachers should select those activities which are most suitable for their class. They may have to adapt some for the particular students in their class. For younger grades, activities have been made as "hands on" and concrete as possible;
- the ***teacher notes***, which provide some basic information, as well as more detail for teachers on how to carry out activities.

At the end of each unit, on coloured pages, ***teacher background information*** provides more detail on specific topics.

The pages are numbered so that teachers who are looking for a particular lesson will be able to locate it easily.

Each unit has reference letters:

ME — Mental and Emotional Well-Being
GD — Growth and Development
FL — Family Life

Following the reference letter is a number which indicates the lesson number in a particular unit e.g., ME 3 means the third lesson of the Mental and Emotional Well-Being Unit for that particular grade.

The next number indicates the overall page of that unit, e.g., ME 3.12 means the third lesson of the Mental and Emotional Well-Being Unit, the twelfth page of the whole unit. So in other words, teachers can look up the regular page number of each unit, or the lesson number.

Teachers should note that one lesson in the program may take more than one class period, depending on student's previous knowledge, experience and language proficiency. Allowance has been made in the time allocation for this.

APPROACHES TO THE TEACHING OF HEALTH

The methods which an individual teacher uses with this program are as important as the content. Since the program is designed to influence beliefs and attitudes, it is important for students to examine their own and other people's beliefs and attitudes. It is also important for students to practise, in simulated situations, the skills which they are developing, so that using these skills will become second nature to them in the real world. This involves students sharing opinions, feelings, beliefs and information. Both classroom atmosphere and methods will contribute to the success of the program.

BUILDING A POSITIVE CLASSROOM ATMOSPHERE

The success of this program will depend on the establishment of a positive classroom atmosphere, where students and teachers feel comfortable with each other when discussing personal or sensitive issues.

A number of factors will contribute to this positive classroom atmosphere:
- an attitude of mutual respect, where "put-downs" are not acceptable;
- a non-judgemental atmosphere, where each person's opinion is valued;
- openness, honesty and trust by teacher and students;
- confidentiality, where students are not afraid that opinions or information are discussed openly outside the class.

Prior to starting the lessons, teachers should discuss with students the importance of each of these factors. Teachers should remind students of them regularly throughout the lessons.

In the Family Life Unit, students may demonstrate initial embarassment with the topic by giggling or laughing. This is often because they feel uncomfortable with discussing the topic of sexuality. These feelings will diminish:
- as they become more familiar with the subject;
- if other factors outlined above are contributing to a positive classroom atmosphere;
- if the teacher is comfortable with the subject.

THE TEACHING OF VALUES

Health Education, and especially the Family Life component, cannot be taught without discussing values. The School Health Program uses universal values as the basis for decision-making on any health-related matter, including sexuality.

The program focuses on these values:
- a sense of caring
- respect for self, family and others
- kindness
- honesty and justice
- compassion
- non-exploitation

All units of the program encourage respect for family and cultural values, religious beliefs and the law.

Teachers are encouraged to ask groups of resource people with different points of view to present their views on controversial issues to older students. For example, a discussion on birth control may take the form of a panel discussion, where the members include people with differing opinions. This provides students with the opportunity to listen to other people's opinions, to question them and to think about the expressed opinions in a respectful atmosphere.

Teachers must be alert to the dangers of imposing their values on students. Being non-judgemental will encourage students to be more open.

APPROPRIATE TECHNIQUES FOR TEACHING HEALTH

A number of teaching techniques are particularly appropriate for this program.

1. ***Small Group Discussion***
   Dividing students up into small groups encourages free discussion. It encourages students who are reluctant to speak out in a large group to feel more comfortable, and also gives students an opportunity to learn from each other.

   Successful small group discussion depends upon:
   - encouraging students to take a risk in sharing information
   - establishing rules at the beginning of the sessions e.g.,
     - no insults or put downs
     - only one person talks at a time
     - show respect for each other's opinion
     - everyone gets a turn, but may choose to pass
   - thinking about the composition of the groups e.g.,
     - is there a competent leader?
     - is there an even mix of the sexes?
     - is there a mix of extroverted and introverted children?
   - starting to use small group discussions at a young age, so that students become used to this method of sharing
   - always concluding the activity by asking one person from each group to report its discussion to the rest of the class.

2. ***Brainstorming***
   Use brainstorming to solicit ideas or opinions from the students. Gather as many opinions as possible, without making any value judgements on them. This allows for the free flow of ideas. Write the suggestions on the chalkboard or flip chart paper. After brainstorming, categorize and discuss the ideas. This is often effective in small groups.

   Five rules of brainstorming to remember are:
   - do not evaluate the ideas until after the brainstorming session;
   - quantity is more important than quality — list as many ideas as possible in a given length of time;
   - expand on the ideas of others — if someone else's idea prompts another idea, share it;
   - encourage creativity; and,
   - record all ideas.

3. ***Roleplaying***
   Roleplaying is an essential element of any program which influences attitudes and behaviours. Not all teachers, or all students, feel comfortable using roleplay. However, there are some steps to follow which will increase the success of this method:
   - decide on the topic of the roleplay;
   - start by using volunteers;
   - discuss the scenario to be acted out. Help the students to understand what to look for;
   - discuss each person's part, using a hypothetical situation. Ask students how the person would feel, and what the person would say or do in that situation;
   - have the students act out the scene;
   - always finish the roleplay with a discussion about the different people in the scenario, their feelings and possible alternatives;
   - the more frequently you use roleplay as a teaching method, the more proficient the students will become and the more successful it will be; and,
   - if role play is not successful the first time, do not give up. Try again!

4. ***The Question Box***
   When dealing with topics of a sensitive nature, such as those in the Family Life Unit or the Alcohol and Other Drugs Unit, students may be reluctant to ask questions publicly. Use of a question box allows students to ask questions anonymously, and facilitates discussion of a difficult topic which students wish to bring up.

   At the end of each class, or at the end of a particular session, let students know that they will be able to write down any question which they wish to ask and to put it into the question box anonymously. At the beginning of the next class, the teacher will respond to the questions in the box.

   Another effective use of the question box is to ask students at the beginning of the sessions to write down questions which they wish to have answered during the classes. This allows the teacher to structure the program around the needs of the students.

THE LANGUAGE DEVELOPMENT APPROACH AND THE N.W.T. SCHOOL HEALTH PROGRAM

Who Should Use the Language Development Approach

Students in the Northwest Territories come to school understanding and speaking a number of different languages. Where appropriate, where possible and where mandated by parents and/or L.E.A.'s, teachers should instruct students in Health Education classes in the language in which they are most proficient.

In some communities, students are not proficient in their first language, parents do not want instruction in the first language, or staff, programs and materials are not available to teach in the first language. In those situations, schools instruct Health Education classes in English. Because students in these communities may not be proficient in the English used to teach the curriculum, teachers of Health must take the time and make the effort to teach students the language required to talk, read and write about Health concepts. Success in the Health Education program is not otherwise possible.

The Department of Education directs the use of the Language Development Approach for students who are not proficient in English when it is the language of instruction and for students who are learning English as a Second Language. It is the responsibility of teachers at all levels to use the Language Development framework when preparing their own lessons or presenting lessons provided in the Health units.

What is the Purpose of the Language Development Approach?

The primary purpose of the Language Development Approach is to provide students with the vocabulary and sentence patterns necessary to succeed in school and, in this program, to learn about health concepts. A related aim is to help students develop thinking skills and to use the language of instruction for a variety of purposes: to imagine, to investigate, to explain, to describe, to question, etc.

A second purpose of the approach is to help students learn the vocabulary and sentence patterns required to communicate in various social situations. It provides them with opportunities to learn to use additional language to satisfy needs, to regulate personal behaviour, and to establish and define social behaviour. This purpose is secondary because many students have a first language to use to fulfill these purposes.

The Principles of the Language Development Approach

The Language Development Approach draws on elements of many traditional and contemporary practices in first and second language teaching to form the following set of principles on which to build classroom practice:

1. ***Students need to have their experiences, skills, knowledge, and, particularly, the language they bring to school identified and used as the basis for the school language program.***

   This means the Health Education Program should identify and relate new concepts to the students' past experiences, previous knowledge, and immediate environment. Studies indicate that when teaching does not relate to students' everyday lives or existing ideas, little learning takes place.

   In the cross cultural classroom of the N.W.T. and with sensitive issues such as family life, it is particularly important to determine students' ideas, family values and relevant experiences, before teaching the lessons.

2. ***Students need to learn to articulate for themselves and to communicate their thoughts, feelings, needs, opinions, and intentions for a variety of purposes in many different communication contexts. They need to be able to understand, learn from and respond to the communication of others.***

   This involves being able to:
   - express/inquire about personal needs, desires, feelings, attitudes etc.
   - socialize
   - direct the actions of the self and the actions of others
   - impart and seek factual information on past and present experiences
   - reason logically
   - make and express predictions
   - project into the experiences, feelings, and reaction of others
   - determine and express intellectual attitudes
   - evaluate

The Health program should involve students in a variety of activities which require them to use language in all these ways. Traditional paper and pencil exercises must be extended to include graphing, interviewing, reporting, researching, investigating, problem solving, etc.

3. ***Students need to learn language to communicate, but they also use language to learn. Therefore, language should be taught across the curriculum.***

The Health Education program should teach second language students the language they require to learn about new concepts. Success in Health is not possible otherwise. This may mean teachers cannot cover all concepts for all topics. It is preferable to cover some concepts for all topics rather than omitting some topics altogether.

4. ***Second language students need to spend more time learning to communicate in the language of instruction than they do learning about the language of instruction.***

The time spent in Health Education teaching students language should be devoted to introducing, practising, and applying the vocabulary and sentence patterns students require to talk, read, and write about a concept.

5. ***Students need to learn language that is meaningful. It is easiest to accomplish this when teaching language in a context. Without adequate concept development, the language students learn is either vague or devoid of meaning.***

The Health Education program should take the time to ensure that students learning new concepts have enough first hand or indirect experiences with the concepts to understand them clearly. There is no point in students studying material they don't understand. If teachers do not make the material understandable, students will supply their own meanings. These may or may not be appropriate!

6. ***Students need to learn to develop their thinking skills and to engage in more abstract levels of thoughts as they mature. They must learn the language that allows them to express their thinking about concepts. Initially, they need to learn the concrete vocabulary and functional sentence patterns which enable them to recall, match, sequence, classify, etc. Eventually they need to learn more complex sentence patterns so that they can generalize, analyze, hypothesize, imagine, predict and evaluate.***

The Health Education program for primary students should concentrate on teaching and using concrete thinking skills. The Health Education program for older students should introduce more abstract thinking skills as students can handle them.

7. ***Students need to participate in language activities that integrate the language strands of listening, speaking, reading and writing. Specific skills taught will vary with the proficiency level of the students. Reading and writing activities should use language which students have internalized aurally/orally.***

The language activities in the Health Education program should include all four language strands. Students who cannot talk about a concept will have difficulty reading and writing about it.

8. ***Students need to learn "real" language and how to use it in the natural situations in which it is required.***

The language included in the Health Education program should be as close as possible to the everyday vocabulary and sentence patterns people actually use to talk or write about a concept. Students need to get into the community to use the language they are learning with people outside the classroom.

Program content, classroom organization and teaching techniques used to develop concepts and skills should:

a) reflect all the above principles
b) vary according to
  - the language proficiency of the students in the first and second language
  - cultural background (experiences, interests)
  - age/grade levels
  - type of topic
  - learning style of students
  - materials and equipment available
  - teaching style of teacher

These principles are also valid for students who speak English as a first language. The difference lies in the methods and techniques used. Although designed for second language students, the Language Development Approach allows flexibility in choosing specific classroom practices and techniques to meet the varied language needs of students.

LANGUAGE DEVELOPMENT FRAMEWORK

The Language Development Approach uses the following framework to structure lessons involving conceptual development and language learning for any subject area or for topics of personal interest or cultural relevance.

Intellectual Skills
- Perceiving
- Retrieving
- Recalling
- Matching
- Sequencing
- Classifying
- Comparing/Contrasting
- Generalizing
- Inferring
- Predicting
- Interpreting
- Hypothesizing
- Imagining
- Applying
- Analyzing
- Synthesizing
- Evaluating

Phase One: Concept Development
Language Exposure
Assessment
Concept Introduction
Language Items Introduction

Phase Two: Language Practice
Assessment
Concept Consolidation
Language Internalization
Skills Development
  Listening
  Speaking
  Reading
  Writing

Phase Three: Communicative Application
Assessment
Listening and Reading
  Comprehension
Speaking and Writing
  Creative Expression

Based on the work of Jim MacDiarmid
Adapted by B. Pugh and C. McGregor

How to Develop a Language Development Unit

1. Identify the topic of study from the Health Education program.

2. Determine the key concepts and sub-concepts for the topic. Use brainstorming, semantic mapping, or content diagramming to outline these concepts for your own reference.

3. Assess and predict what experiences, knowledge, interests and attitudes students already possess which you can relate to the concept and subconcepts of the topic through:
   - observing the activities in the community in which students engage;
   - determining previous school experiences students have had with respect to the topic;
   - talking with classroom assistants, parents, L.E.A. members, older students, etc.;
   - observing students in the classroom.

4. Determine what materials and resources are available in the school and community to teach the key concepts and sub-concepts.

5. Brainstorm techniques and activities that you can use to teach the concepts and sub-concepts of the unit. Keep in mind the cognitive maturity, proficiency level, and background experiences of the students in the class.

6. Brainstorm the language items (vocabulary and sentence patterns) that students need to know in order to understand and discuss the concepts and subconcepts of the topic.

7. Determine other language items students may need to know in order to carry out the activities.

8. Predict which language items students already know. Predict language items students have in their linguistic storehouses that you can use to introduce the concept specific language.

9. Plan an initial assessment activity that identifies which experiences, concepts and language items students already have for the topic.

10. Plan specific lessons to teach key concepts, subconcepts and associated language.

11. Plan culminating activities which provide students with opportunities to consolidate and use knowledge and language learned throughout the unit. These can be sharing sessions with other classes, parents or community members.

12. Plan activities that evaluate student progress; these should determine what they have learned from the unit in terms of concepts, attitudes, skills and language items.

How to Plan Language Development Lessons

Plan specific lessons to teach key concepts and subconcepts using the Language Development Framework.

Concept Development/Language Exposure Activities

Choose concept development activities that help students relate previous knowledge to the topic of study or fill gaps in that knowledge. These activities should involve direct, first-hand, active learning with concrete materials as much as possible. Where necessary, use indirect experiences (films, filmstrips, pictures, etc.) to allow students to move beyond the confines of the immediate classroom to explore concepts associated with other times and places. Plan several activities which introduce and reinforce the concepts in different ways.

While students learn about the concepts, activities should also introduce them to new language items which express the concepts. The activities should help students to associate new vocabulary with relevant objects or actions and to express the relationships among concepts with appropriate sentence patterns.

Language Practice Activities

In this part of the lesson, students use the new language items introduced in concept development activities in a variety of activities that develop listening, speaking, reading, and writing skills. Through intensive practice of items in a variety of ways, students come to "own" the new language, i.e., commit it to memory so that it becomes part of their permanent storehouse of language items. These activities should also strengthen the bond developed between the new concepts and the language items that represent those concepts. While the whole class may participate in most of the concept development activities, it is important to group students for language practice according to their language needs and skills. During these group activities you can assess how well students are mastering new language items.

Communicative Application

The final phase of the lesson sequence includes opportunities for students to use their acquired knowledge and language to communicate in a variety of situations. Students will demonstrate that they have understood the new concepts and can use the new language items by interacting with others. Activities should involve students in listening, speaking, reading, and writing to solve problems, bridge an information gap, share information, complete a task, develop an arts and crafts project, or share a finished product. These activities will provide students with an opportunity to explore related concepts and language, eventually coming full circle to new concept development and language exposure. While students complete these activities, the teacher can meet individually with students to assess the extent to which they have mastered the concepts and language from the lesson.

Intellectual Skills

An essential component of the framework is the development of intellectual skills. Learning new concepts and language involves thinking skills. On the other hand, the ability to think abstractly involves conceptual and linguistic knowledge.

In the Concept Development/Language Exposure phase, plan assessment activities that establish whether or not students have basic building block concepts and language to engage in more abstract thinking about a topic. Subsequent activities can fill gaps and/or extend the students' background. The structured nature of Language Practice activities demands less high level intellectual activity. Answers are more convergent in nature; the information readily provided or available. However, Communicative Application activities should involve more divergent thinking. Students can draw on what they already have learned during the previous two phases to bridge an information gap or solve a problem.

INITIAL ASSESSMENT ACTIVITIES

In order to help teachers assess where to start with the program, the following activities should be done before teaching each lesson. They will assist in determining:
- what students already know about the concepts and therefore where instruction should begin;
- what interests students have in the topic and therefore the direction the unit should take; and,
- what language students already have to discuss the topic and what language they require.

One of the basic principles of all good teaching is that teachers should start with the student when planning and carrying out a unit. Before beginning the unit, it is important to assess students' knowledge of and interest in the topic. Teachers should determine what students already know about the topic/concepts they intend to cover. What ideas do students already have? What misconceptions do they have which must be addressed? What gaps are there in their knowledge which require teaching certain lessons? What concepts do students know well enough so that teachers can skip the lessons which teach those concepts? What questions do they have? What relationships do they see between different aspects of the topic?

It is also important to identify what experiences students have which relate to the topic/concepts. By identifying these and building upon them in the lessons, teachers can help students relate the new ideas and information to their own lives. It is important for them to do this because it assists students to internalize new concepts. It helps students make the concepts part of the conceptual framework which they use to understand and describe their world. If they do not have concrete, firsthand experiences to relate to each concept they will have to be provided with them wherever possible.

Another use for these activities is to help teachers identify particular interests of individuals, groups of students, or the whole class. They can then include activities in the lessons which involve student interests, thereby increasing motivation for them to participate and learn. Teachers may decide to add, substitute or omit some lessons because of students' interests.

These activities will also help determine what language students have to discuss the topic, i.e., what vocabulary items students already know and what associations they have for each word. It is important to ascertain the meanings students attach to words; sometimes their interpretations may be surprising! If they do not clearly understand terms or if they use them incorrectly, it will prevent them from understanding and incorporating the concept into their mental framework.

Each unit in the School Health Program has a number of different themes. Teachers should select assessment activities suitable for that particular theme. The examples are for themes from each unit: Mental and Emotional Well-Being, Growth and Development and Family Life.

1. *Brainstorming*

Mental and Emotional Well-Being	**Growth and Development**	**Family Life**
Communication Ask students: "What do you know about communication?"	**The Digestive System** Ask students: "What do you know about the digestive system?"	**Families** Ask students: "What do you know about families?"

Answers can be recorded on cards and hung on masking tape strips (sticky surface up) which can then be fastened to the wall or the chalkboard.

communication	digestive system	families
speaking	stomach	mother
T.V.	stomachache	big
art	breaks down	love
friends	food	care
listening	liver	father
music	mixes	grandfather
verbal	energy	work
family	intestines	baby

If students have difficulty with this activity you may wish to direct their thinking or prompt ideas by asking more specific questions:

Why do we communicate? How do we communicate? With whom do we communicate?	What body parts are part of the digestive system? What do they do? Where are they found? How do we take care of them?	What kinds of families are there? How are families alike? How are families different? Who are in families? What do families do?

Encourage students to predict answers to these questions even if they are not sure of the exact responses. It might be interesting to record their predictions separately and compare them to the actual answers as they study the unit. Students may think of their own questions as well. Teachers can keep a list of all the questions the class cannot answer to focus the lessons they teach during the unit.

After recording their responses on the cards, teachers should have students chant the words with them and talk about the words:

- Which word is the most interesting?
  - the least interesting?
  - the most puzzling?
- What other word can you think of that means almost the same thing?
- What comes to your mind when I say _________?
- What do you think this word means? Etc.

2. *Categorizing*

Teachers can distribute the word cards from the brainstorming sessions ensuring that they tell students the words they give them. Younger students should receive only one card at a time so they will not get confused. One student places his/her word card at the top of one of the masking tape strips and tells the word to the class. Teachers ask if there is anyone else who has a word that belongs with the first word and have another student place his/her word card under the first, read the word and explain why it belongs with the first word. The class can give a title to these two cards which now form a category. Teachers can then ask if anyone can start a new category. When students have placed all of the brainstormed words in categories, the class can discuss the titles and change them if necessary. Students can then chant the words in each category. Teachers can transfer the words to a flowchart to provide a permanent reference.

Communication	The Digestive System	Families
Different ways of communicating	**Body parts**	**Who is in them?**
verbal non-verbal speaking listening music art	stomach intestines liver mouth esophagus	mother father baby grandmother
With whom	**What they do**	**What do they do?**
friends family teacher people at work	squeeze mix break down move	play work love care
Kinds of communication	**Problems**	**What size are they?**
aggressive assertive passive	stomach ache nausea diarrhea	big small

As teachers progress through the unit they may wish to add new information to the chart. They may also identify new questions and hopefully, the answers. At the end of the unit they can review the chart with students and keep it as a reference for future use.

SAMPLE QUESTIONS:

Teachers can use these questions during the initial assessment activity to determine what experiences, interests, language, and knowledge students have about the topic. They can also use the questions during discussions in the lessons for evaluation.

Questions for Assessing Experience:

1. Have you been in a situation where ________________?
2. What do you know about ________________?
3. Have you ever seen ________________?
4. Have you ever experienced ________________?
5. Have you ever been ________________?
6. Have you ever done ________________?
7. Has something like this ever happened to you?
8. When was the last time you ________________?

Questions for Assessing Language:

1. What do you think these words mean?
2. Can you give me another word that means ________________?
3. What comes to your mind when I say ________________?
4. Have you heard of the word(s) ________________?
5. What words can you think of when I say the word ________________?

Questions for Assessing Thinking Processes:

Cognitive Memory (details, information)

1. Who ________________?
2. What are the facts?
3. What are the most important details?
4. What is the ________________?
5. What do you mean by ________________?
6. What is your interpretation of what happened? (What do you think happened?)
7. When?
8. Where?

Convergent/Generalization (getting the main idea)

1. What are the chief points?
2. Given that information, what is the main idea?
3. What is the single most important idea?
4. State the idea in one sentence.
5. Explain ________________.

Structuring/Relating (arranging relationships)

1. Categories:
   Which group does that belong to?
   How would you classify ________________?
   What type would you ________________?
2. Comparisons: How are they alike? same? similar? identical?
3. Contrasts: How is it different? in opposition to? unlike?
4. Cause and Effect: What will happen if? Why?
   What will happen as a result of?

Divergent/Using/Applying

1. What might happen if ________________?
2. If you use that idea, what would it mean for ________________?
3. Apply that idea to our (this) situation.
4. What would result if ________________?
5. If you were given these facts, what would you do to ________________?
6. How would it be different if we used this idea?
7. What could the advantages/benefits be if we applied this idea/process?

Evaluation/Judging/Valuing

1. How do you feel about this idea?
2. What is your opinion?
3. What is the best ________________?
4. Are you satisfied with that answer/plan?
5. Can this statement be made? Why?
6. Out of all the information, what can be used to prove your point?
7. How would you judge?
8. What is your opinion or conclusion about the product/plan/idea?
9. Why did you think it worked/didn't work?
10. What is fact? What is opinion?

EVALUATION

Educators often use the word "evaluation" to mean "testing". Evaluation, however, is an integral part of all educational programs or processes. It includes any form of obtaining information about what students are learning and how effective the program is in achieving its goals.

We learn a great deal from effective evaluation, including:
- what concepts, skills and attitudes a student has learned;
- if a student has achieved the objectives;
- in which areas of the program a student is proficient;
- a student's grade level;
- if the program needs to be reviewed, revised or modified;
- if teaching methods are effective;
- if a student needs additional assistance;
- if a student considers the lessons relevant i.e., do the lessons relate to the world of the student outside the classroom?

EFFECTIVE EVALUATION

For effective evaluation, it is important:
- to link the evaluation to the stated objectives of the program;
- to include as many forms of evaluation as possible;
- to assess students in the cognitive, affective and psycho-motor domains; (in the Health Program, the affective domain is particularly important);
- to ensure that the forms of evaluation are appropriate to the student's developmental level and language proficiency and that they are culturally suitable;
- to ensure that the method of evaluation supports and reinforces goals of the program i.e., if one of the goals of the program is to enhance self-esteem, then the evaluation must include successful experiences which will contribute to that;
- to encourage students to take some responsibility for evaluation.

DIFFERENT APPROACHES TO EVALUATION

It is not possible in this document to include all the possible approaches to evaluation or the detailed information necessary for teachers to use each approach effectively. A more comprehensive effort will be made to address evaluation for this program at a later date.

The approaches included will give teachers some general guidelines on evaluation.

1. *Pre-tests and Post-tests*

In order for teachers to assess what students already know about a topic, and to determine the starting point for the lessons, it may be necessary to administer a pre-test. This pre-test should include items which assess skills, attitudes and behaviours, as well as specific knowledge.

By using the same test or a parallel test after teaching the lessons, teachers will be able to assess what knowledge students have acquired and any possible changes in individual attitudes and behaviours, e.g.,

i) **Knowledge**	True	False
Tobacco contains a drug.	( )	( )

ii) **Skills**
John's friends want him to skip school. Use the decision-making process to show how he decides what he will do.

iii) **Attitude/Beliefs**
Daily exercise is important to me.

Agree ( )
Not Sure ( )
Disagree ( )

iv) **Behaviours**
I would eat candy or chips for a snack.

Most of the time ( )
Some of the time ( )
Never ( )

2. *Projects*

Projects are assignments given to individual students or to a small group of students. Usually they involve research on a specific topic within the program.

Projects allow students some freedom to express individuality and to demonstrate particular strengths.

A variety of activities can be incorporated into a project, e.g.,
- written report
- diagrams
- audio-visual material
- photographs
- models
- drama
- drawings
- graphs

It is important to structure the project carefully, and define the requirements clearly to ensure that it is manageable. Requirements should indicate:
- the objectives of the project;
- completion date;
- how the teacher will evaluate it;
- where to find information.

For example, a project on the "Health Care Worker in the Community" may include:
- a description of what the health care worker does;
- a photograph of the health care worker;
- a recorded interview with the health care worker and/or with community people who have regular contact with the health care worker;
- a video of the health care worker at work;
- a graph to show how much time the health care worker allocates to different tasks;
- telephone numbers;
- a map to show how to go to the health care worker's place of work; and,
- drawings of any special tools/instruments which the health care worker uses.

3. *Simulations*

The Health Education program provides for the acquisition of specific skills and knowledge, and gives the students opportunities to practise appropriate attitudes and behaviours. As a result, simulations are an appropriate way to determine student progress. Discussions of alternative solutions after roleplaying also provides an indication of student attitudes.

If students have learned different ways to resist peer pressure, they can demonstrate how to resist peer pressure in a given situation, e.g.,

> Bill wants Mary to go to a party with him on Saturday. Mary's mother says she is too young to go to parties. Bill has told Mary he won't be her friend if she doesn't come.

Demonstrate how Mary resists the pressure from Bill.

4. *Observation*

We expect students' behaviour to reflect what they have learned so direct observation of students is an important method of evaluation. Students may not demonstrate some of the practices in the classroom, however, and so this observation must also occur in the community. Where and when appropriate, observation should include aspects of mental, physical, social activity, as well as intellectual practices of the student, e.g.,

> If students have been discussing practices which promote safety in the playground, the teacher can observe students at play at recess to determine if they demonstrate use of safe practices outside the classroom.

5. ***Checklist***

These are a simple method of recording observations usually made in the classroom. Checklists will not necessarily give a teacher information on a student's behaviour. Teachers can develop checklists for evaluating simulations, observations, discussions, etc.

E.g.,

Checklist for Group Discussions

	All of the time	Some of the time	Never
- listens without interrupting	( )	( )	( )
- shows respect for other people's opinions	( )	( )	( )
- participates readily	( )	( )	( )
- responds positively when questioned	( )	( )	( )
- questions others	( )	( )	( )
- etc.			

6. ***Anecdotal Record***

Anecdotal records are brief comments on the teacher's observations. The information recorded is factual and non-judgemental — the evaluation of what was seen is noted after the observation is complete. The comments should be specific and related to the objectives of the program. Record both positive and negative examples, e.g.,

> At recess, Sarah helped Margaret to come down from the climbing bars. She pushed James when he tried to help too.

7. ***Self-Evaluation***

Students should also participate in the evaluation process by identifying what they learned from the lessons, what they are interested in, what they think is important for them to know more about, etc. One way of doing this is through a rating scale, e.g., I learned:

a lot ———————— some things ———————— nothing

I was most interested in: ____________________________

I would like to learn more about____________________________

____

____

____

8. ***Student Notebooks***

By asking students to keep a health notebook, teachers can assess how well students understand concepts. It is important, however, to treat the notebooks with confidentiality. Students should be aware before they write in the notebook that the teacher will look at them. In particularly sensitive areas, such as Family Life, students may be reluctant to share notebooks with teachers, if not advised in advance.

NORTHWEST TERRITORIES

School Health Program

KINDERGARTEN

Northwest
Territories Education
Health

March, 1991

MENTAL AND EMOTIONAL WELL-BEING

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
INTRO.	LIFESTYLE	Everyone can maintain and improve personal health at school	i) identify positive practices that maintain and improve health at school ii) demonstrate practices that maintain and improve health at school
1	SELF AWARENESS	Everyone has physical characteristics	i) describe some physical characteristics
2	SELF AWARENESS	Everyone has different abilities	i) identify some things they can do ii) demonstrate some things they can do
3	SELF AWARENESS	Everyone has many different feelings	i) identify basic feelings
4	RELATIONSHIPS	Everyone needs friends	i) identify activities they do with their friends

GROWTH AND DEVELOPMENT

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BODY SYSTEMS	The body is made up of different parts which have special names	i) name external body parts ii) locate external body parts
2	BODY SYSTEMS	Sensory organs are special body parts	i) name the sensory organs of the body ii) locate the sensory organs of the body
3	BODY SYSTEMS	Sensory organs help people learn about the environment and are important for health	i) explain what the sensory organs do
4	BODY SYSTEMS	Sensory organs help people learn about the environment and are important for health	i) describe ways to protect the sensory organs
5	LIFESTYLE	People can develop positive health habits	i) identify positive daily health habits ii) demonstrate positive daily health habits
6	LIFESTYLE	People can develop positive health habits	i) identify positive regular health habits ii) demonstrate positive regular health habit

NUTRITION

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FOOD IDENTIFICATION	People eat food to help their bodies grow healthy and strong	i) distinguish between a food and a non-food
2	FOOD IDENTIFICATION	People eat food to help their bodies grow healthy and strong	i) name a variety of familiar foods
3	FOOD APPRECIATION	Food helps our bodies grow healthy and strong	i) prepare a healthy snack ii) demonstrate a willingness to taste healthy snacks iii) state reasons for eating
4	FOOD APPRECIATION	A willingness to taste familiar and unfamiliar foods promotes food appreciation	i) demonstrate a willingness to taste unfamiliar foods

DENTAL HEALTH

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	STRUCTURE AND FUNCTION	People develop two sets of teeth in their lifetime	i) describe primary and permanent teeth ii) explain that primary teeth are replaced by permanent teeth
2	STRUCTURE AND FUNCTION	Teeth have many functions	i) describe the functions of the teeth
3	ORAL HYGIENE	Regular use of oral hygiene skills promotes dental health	i) demonstrate proper toothbrushing skills
4	FACTORS AFFECTING DENTAL HEALTH	The food which people eat affects their dental health	i) identify dentally safe and dentally unsafe food

SAFETY AND FIRST AID

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	PERSONAL SAFETY	It is important to follow personal safety rules	i) state personal safety rules
2	PERSONAL SAFETY	Personal safety involves knowledge of personal identity facts and community helpers	i) state personal identity facts ii) identify community safety helpers
3	FIRE SAFETY	It is important to follow correct fire drill procedures at school	i) state the importance of the fire alarm bell ii) demonstrate the school's fire drill procedures
4	PERSONAL SAFETY	It is important to follow safety rules for pedestrians	i) explain the importance of pedestrian safety ii) explain the importance of wearing light or reflective clothing when it is dark

ALCOHOL AND OTHER DRUGS

KINDERGARTEN

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SAFETY	A poison is anything which is unsafe to taste, eat, drink or smell	i) identify safe/unsafe situations ii) identify some poisonous substances iii) explain why they should ask an adult they trust before tasting any unknown substance
2	SAFETY	A poison is anything which is unsafe to taste, eat, drink or smell	i) identify some poisonous substances ii) identify the poison warning sign iii) identify products with poison signs
3	SAFETY	A poison is anything which is unsafe to taste, eat, drink or smell	i) identify some poisonous substances ii) identify the poison warning sign iii) explain why they should not taste, eat, or drink anything if they don't know what it is
4	SAFETY	Many substances are unsafe and have warning signs	i) identify the hazard warning signs ii) explain why they should not touch any substance with a hazard warning sign

KINDERGARTEN

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL BEING

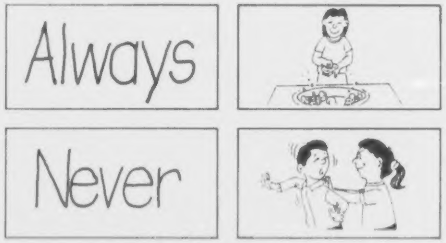
GRADE: KINDERGARTEN LESSON: INTRODUCTION TO SCHOOL HEALTH PROGRAM THEME: LIFESTYLE

CONCEPT: EVERYONE CAN MAINTAIN AND IMPROVE PERSONAL HEALTH AT SCHOOL

PREPARATION:
1. Props/pictures demonstrating positive health practices
2. Pocket chart and sentence strips
3. Prepare a class set of Playground worksheets (Activity Sheet ME1)
4. Prepare a class set of "This Is The Way We ..." song (Activity Sheet ME2)

VOCABULARY: healthy and possibly other vocabulary, depending upon your students' proficiency

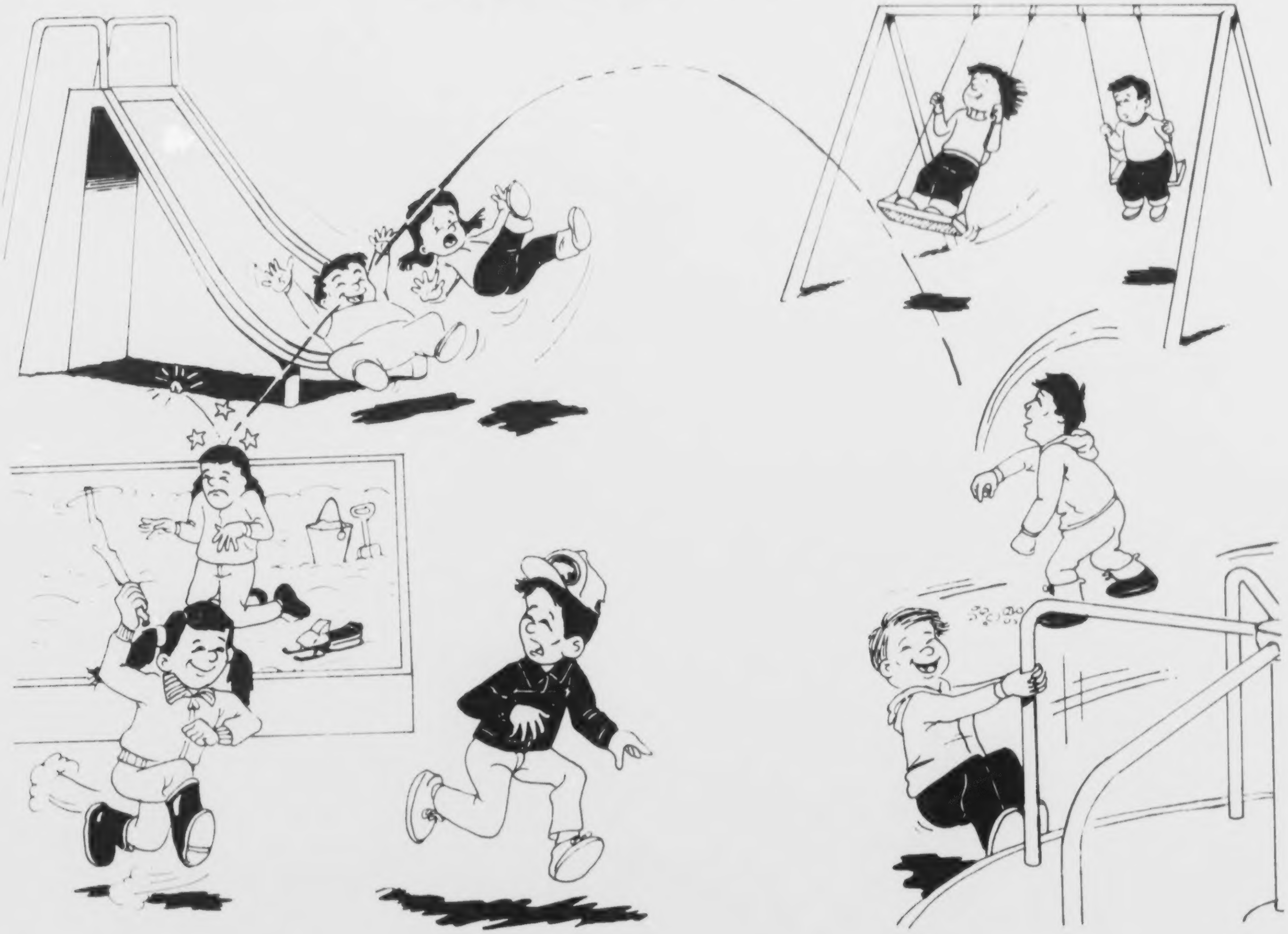
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify positive practices that maintain and improve health at school	1. Wash hands with soap and water and tell why people wash their hands.	Have all students wash their hands with soap and water and ask them why people do this. Students will probably respond that they wash their hands: - because they are dirty - to make them clean Teachers will have to lead students to the conclusion that it helps to keep them healthy.
	2. Identify other things they can do to keep themselves healthy at school.	Show props or pictures to help students name positive health practices. Make an experience chart to record responses. At the top of the chart write the sentence pattern:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		We can keep healthy at school by ________. - washing hands before eating - washing hands after going to the bathroom - using a tissue to cough or sneeze - dressing properly for the weather - tidying up toys so people don't fall - not pushing - carrying sharp things, like scissors, point down - doing exercises - playing outside in fresh air - having fun with friends - putting garbage in the garbage can
	3. Establish some rules for the classroom/school/playground.	Ask students what rules they should have to help keep themselves healthy at school. Record student responses using a pocket chart as illustrated. 
	4. Colour the Playground worksheet.	Refer to Activity Sheet ME1. Have students put a cross on practices which are unsafe.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) demonstrate practices that maintain and improve health at school	5. Learn and sing "This Is The Way We ..." song.	Refer to Activity Sheet ME2. Have students sing the song in a circle and do appropriate actions for each verse. A variation is to distribute props from Student Activity 2. The student with the appropriate prop for each verse steps to the middle of circle to demonstrate.
	6. Do some physical fitness activities.	Ask students how these activities help keep them healthy. For activity ideas see A Start in Something New (N.W.T. Kindergarten guide), p.20-24.

ME1

THE PLAYGROUND



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THIS IS THE WAY....

1. This is the way we wash our hands,
Wash our hands, wash our hands.
This is the way we wash our hands,
To keep us healthy at school.

2. This is the way we cover our nose....

3. This is the way we dress for winter....
(Pretend to put on hat and mitts.)

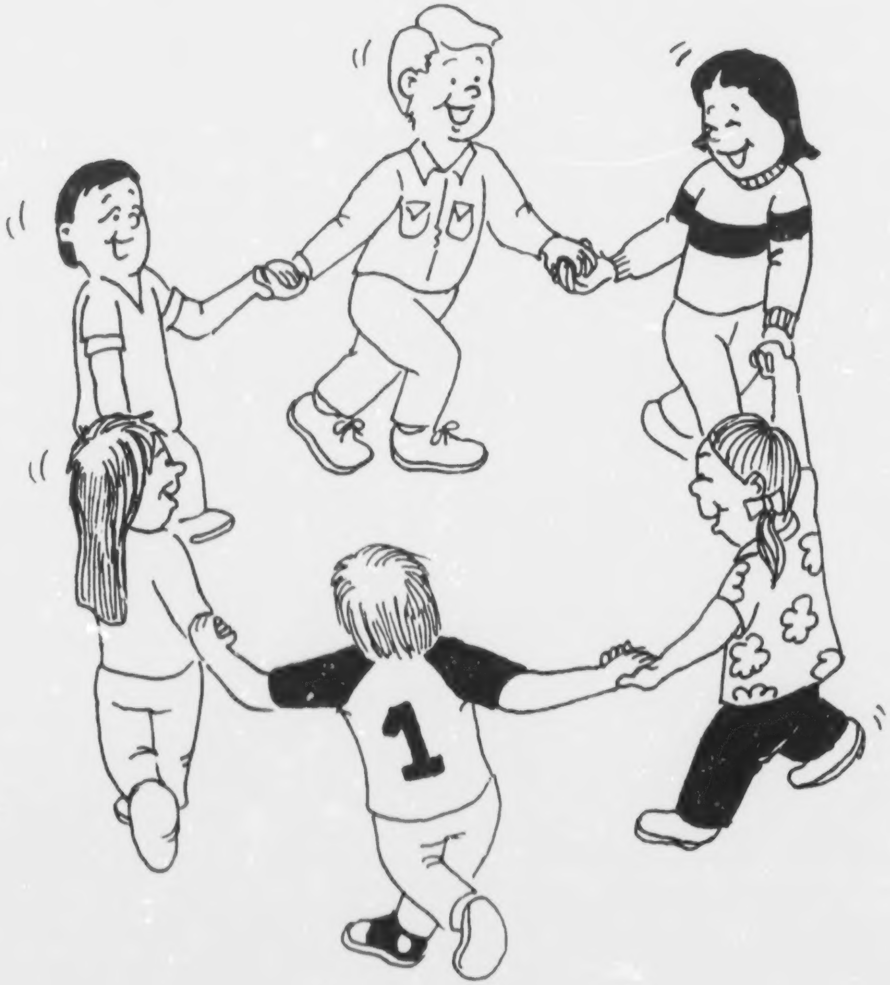
4. This is the way we pick up the toys....

5. This is the way we carry scissors....

6. This is the way we throw out garbage....

7. This is the way we all keep fit....

8. This is the way we play together....
(Join hands and skip round in a circle.)



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MENTAL AND EMOTIONAL WELL BEING

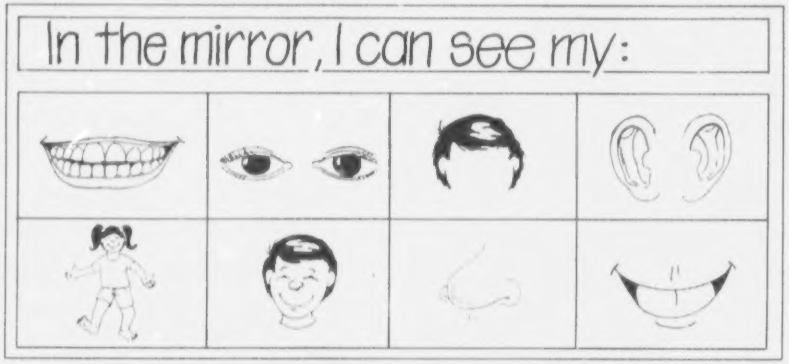
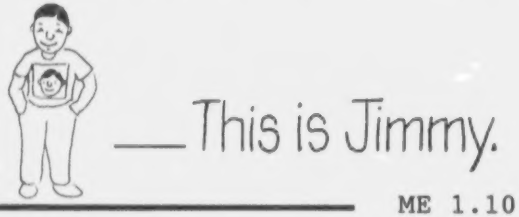
GRADE: KINDERGARTEN LESSON: 1 THEME: SELF AWARENESS

CONCEPT: EVERYONE HAS PHYSICAL CHARACTERISTICS

PREPARATION:
1. A shoe box with a small hand mirror taped in the bottom
2. "If I Look In The Mirror" poem/"In the Mirror" song (Activity Sheet ME3)
3. Pictures of face and parts of the face (e.g., eyes)
4. A roll of brown or white Kraft paper, scissors
5. A camera to take photographs, preferably Polaroid

VOCABULARY: face, hair, eyes, nose, mouth, ears, teeth, body

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify some physical characteristics	1. Identify what they see in the bottom of a shoebox!	Tape a small hand mirror to the bottom of the box. Have a cover on the box. Have each student look inside. It is important that they do not tell what they see until everyone has had a turn. (If there is a blind student in the class, discuss how he/she knows what people look like.)
	2. Learn the poem "If I Look In The Mirror."	Refer to Activity Sheet ME3.

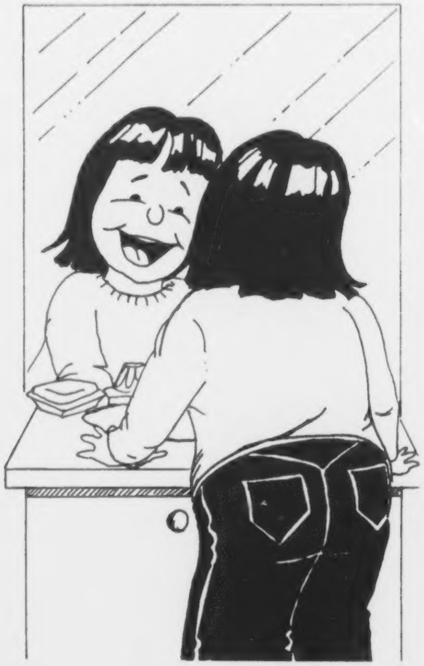
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Identify how they know it's them, when they look in the mirror.	Ask students how they know who it is that they see in the mirror. Record student reponses using a picture bank as illustrated.  In the mirror, I can see my: Pictures should include: - face - mouth - eyes - teeth - nose - body - hair - ears
	4. Draw around a partner's body. Cut around the shape and draw on physical characteristics.	Have students work in pairs. The teacher can take a photograph of each student to stick on the middle of the body outline. Identify each student outline and display on the classroom walls.  This is Jimmy.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Learn and sing the song "In The Mirror."	Refer to Activity Sheet ME3. Have students point to each characteristic as they sing about it in the song.

IN THE MIRROR

If I look in the mirror,
Guess what I see?
Someone who looks
Just like me!

Jim MacDiarmid



IN THE MIRROR

In the mirror,
I can see
My own face
Looking at me!

My own eyes....

My own nose....

My own hair....

(Tune: Twinkle, Twinkle, Little Star)
Adapted by: Helen Balanoff

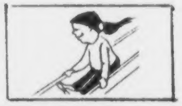
MENTAL AND EMOTIONAL WELL BEING

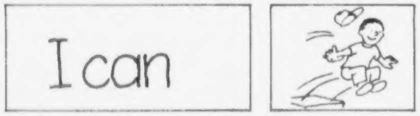
GRADE: KINDERGARTEN LESSON: 2 THEME: SELF AWARENESS

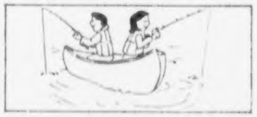
CONCEPT: EVERYONE HAS DIFFERENT ABILITIES

PREPARATION:
1. Pocket chart and large pictures of things which children can usually do
2. Magazines for pictures, or drawing materials
3. "I Can" poem (Activity Sheet ME4)
4. Record player and music

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify some things they can do	1. Demonstrate some physical skills.	Have students demonstrate some simple physical activities such as: - jumping - skipping - singing - clapping
	2. Identify some skills that they can do individually.	Ask students to name something that they can do. Record their responses using a pocket chart and a picture of the action. I can 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		 Skills may include: - riding a bike - playing hockey - reading a book - counting to 10, etc.
	3. Learn the poem "I Can."	Refer to Activity Sheet ME4.
ii) demonstrate some things they can do	4. Demonstrate some things they can do.	Post large pictures of things students can do in various places around the room. Similar to musical chairs, put on a record while students move about the room, looking at the pictures. When the music stops, each student decides what she/he can do from the pictures on the wall, goes to where the picture is, and performs that action. For example, if a student can jump, he/she goes to that picture and jumps. Before starting the music again ask several students what they can do using the sentence pattern: (Name of student) , what can you do? Student responds: I can (jump).

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Demonstrate to a partner something they can do.	Using the same sentence pattern as in Student Activity 4, have one student ask his/her partner what he/she can do. The student responds, and then demonstrates the skill.
	6. Cut out (or draw) pictures of some things they can do.	The teacher can prepare cards for each student. Students cut out pictures of things they can do, paste them on blank cards and arrange the cards to form a sentence. I can  Paste these on the student body outlines from Lesson 1, Student Activity 4.

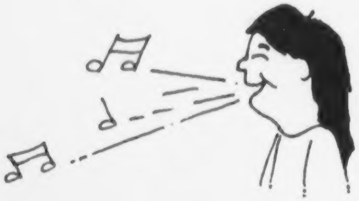
I CAN

I can skip and I can skate.
I can cook and I can bake.
I can jump and I can play.
I can have fun today!

I can clap and I can sing.
I can slide and I can swing.
I can jump and I can play.
I can have fun today!

I can swim and I can hike.
I can dance and I can bike.
I can jump and I can play.
I can have fun today!

Heather Nolsoe
Barbara Hall
Cathy McGregor



MENTAL AND EMOTIONAL WELL BEING

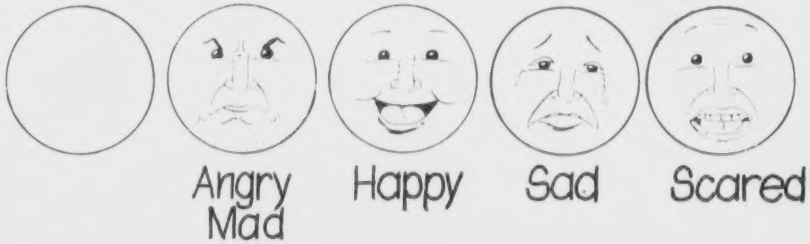
GRADE: KINDERGARTEN LESSON: 3 THEME: SELF AWARENESS

CONCEPT: EVERYONE HAS MANY DIFFERENT FEELINGS

PREPARATION:
1. Large pictures or posters showing the feelings: happy, sad, scared, angry
2. "How I Feel" poem (Activity Sheet ME5)
3. Large mirror or a number of small mirrors
4. A flannel board face with detachable features for each feeling (Activity Sheet ME6)
5. Paper plates, markers, etc. to make masks for Student Activity 6

VOCABULARY: happy, sad, scared, angry (mad)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify basic feelings	1. Identify feelings from pictures.	Show pictures of people which depict basic feelings. Ask students to identify the feelings of: - happy - scared - sad - angry (mad)
	2. Identify how they can tell how a person is feeling.	Discussion should include: - the look on someone's face (e.g., smiling, tears) - sounds (e.g., laughing, crying)
	3. Learn the poem "How I Feel."	Refer to Activity Sheet ME5.

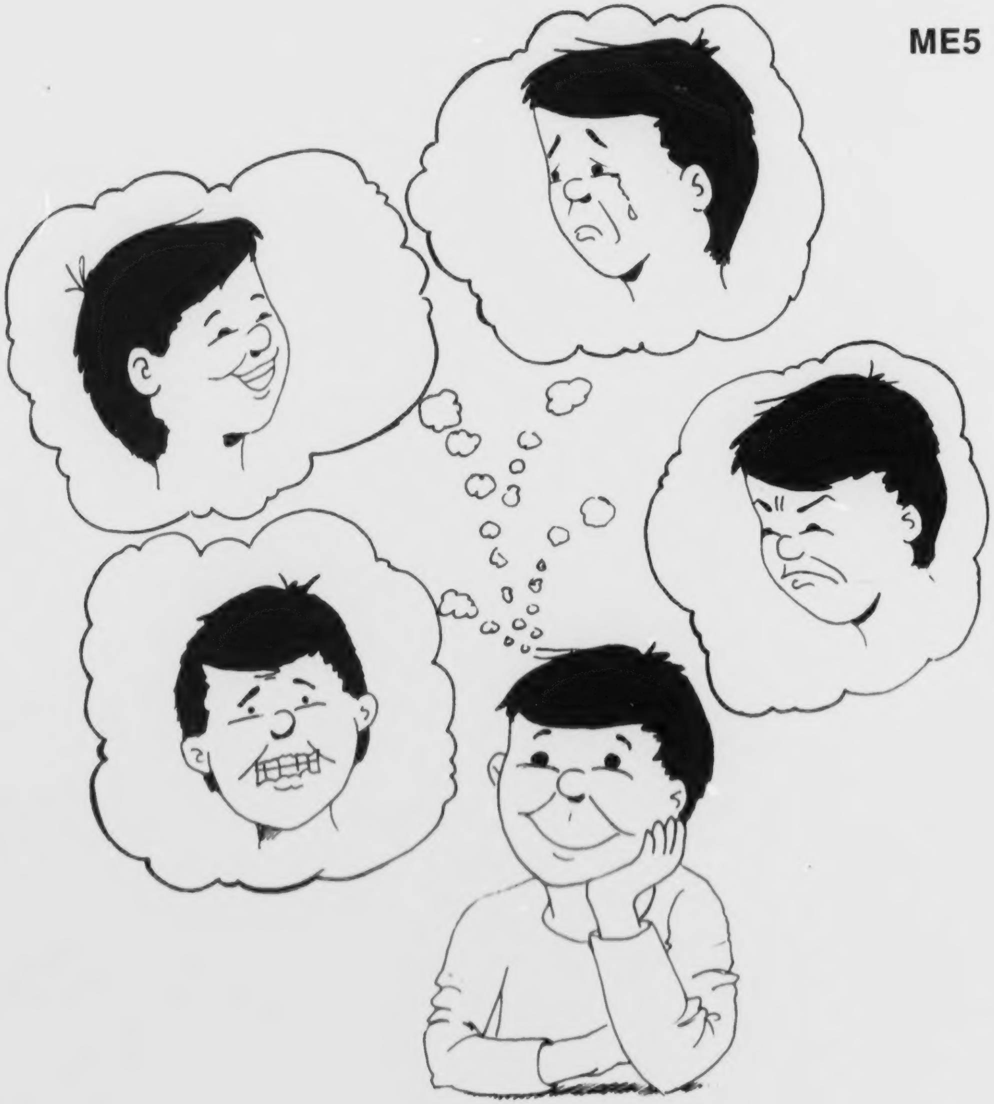
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Make faces to show each feeling.	Use a large mirror, or give students some small mirrors. Have them make faces which demonstrate each feeling.
	5. Place features on a flannel board face to show different feelings.	Refer to Activity Sheet ME6. Cut out the face and features and have students arrange features to show the four feelings.  Other students can guess which feeling each face represents.
	6. Make a paper plate mask to show a basic feeling.	Have students pick one feeling to illustrate on a mask. Display completed masks on a bulletin board.

ME5

HOW I FEEL

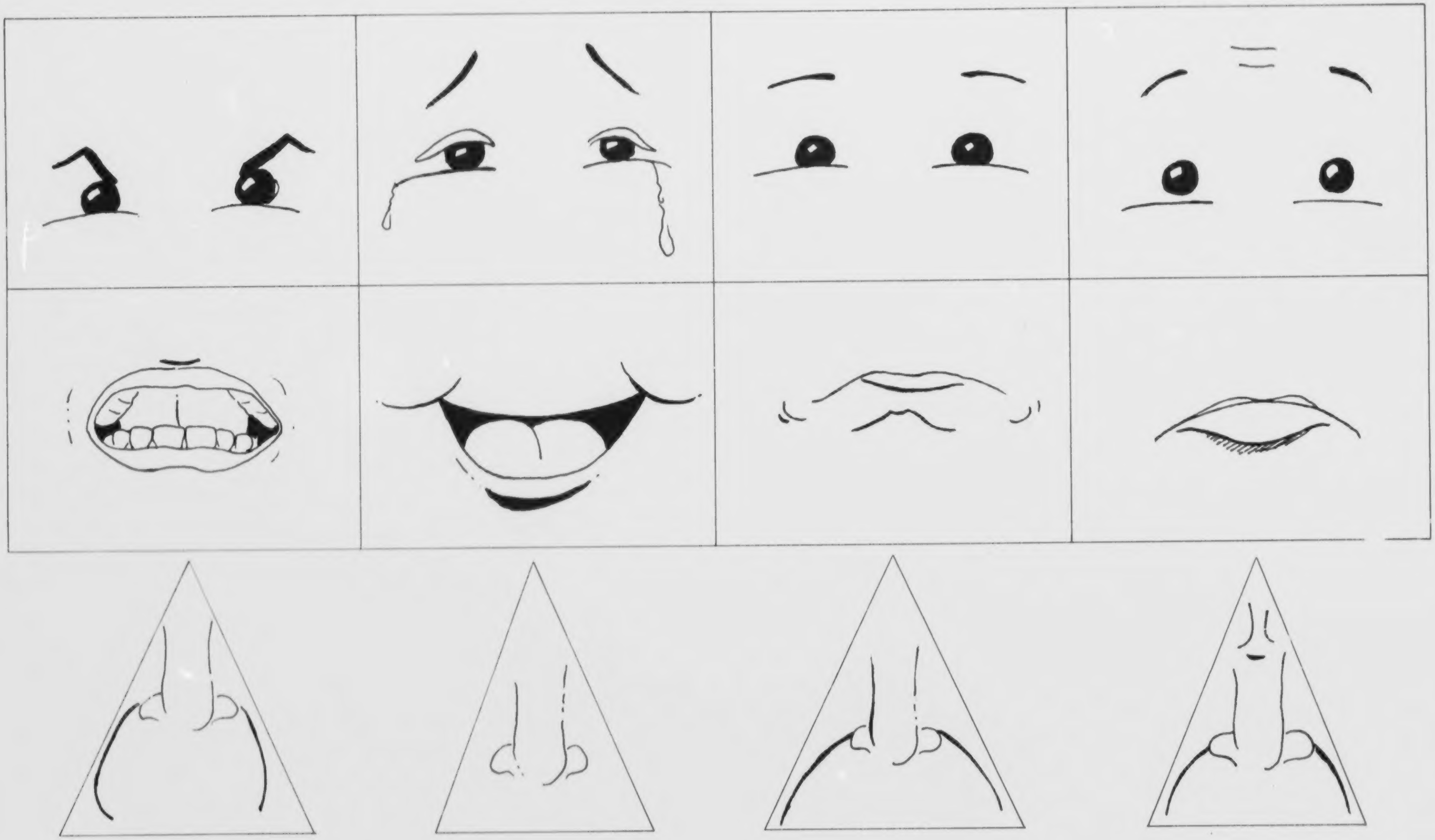
On my face
You often see,
How I feel
Inside of me:
Sometimes happy,
Sometimes sad,
Sometimes scared,
And sometimes mad!
On my face
You often see,
How I feel
Inside of me.

(Tune: Twinkle, Twinkle, Little Star)
Source Unknown



ME6

FEELINGS



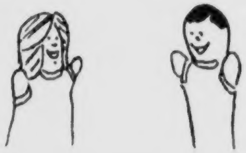
MENTAL AND EMOTIONAL WELL BEING

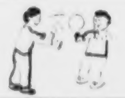
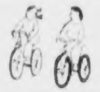
GRADE: KINDERGARTEN LESSON: 4 THEME: RELATIONSHIPS

CONCEPT: EVERYONE NEEDS FRIENDS

PREPARATION:
1. Two puppets
2. Pocket chart and sentence strips
3. "I Have A Friend" song (Activity Sheet ME7)

VOCABULARY: friend, together

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify activities they do with their friends	Students: 1. Listen to a conversation between friends.	Get or make two puppets and write a conversation between them to include: - greeting each other - discussing what they will do together - sharing a toy Have the conversation end with one puppet telling the students the other puppet is his/her friend. 

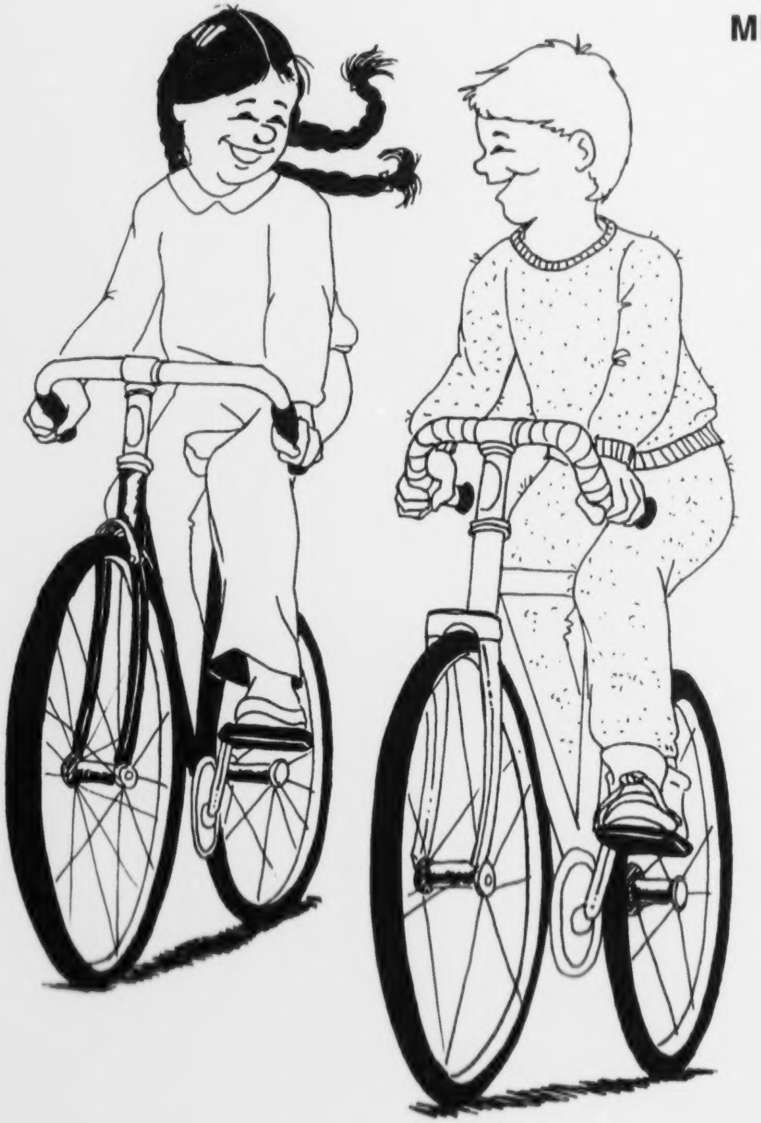
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Name and draw one of their friends.	Have each student draw and name a friend. The teacher can write on the bottom of the drawing I have a friend. His/her name is _________.
	3. Identify some things they do with their friends.	Ask students what things they do with their friends. Use a pocket chart and draw stick figures to illustrate student reponses. I  with my friends I  with my friends
	4. Act out something they do with a friend.	Have students work in pairs. Other students guess what they are doing.
	5. Learn and sing the song "I Have A Friend."	Refer to Activity Sheet ME7. Students take turns making up a new last line.

ME7

I HAVE A FRIEND

I have a friend; his/her name is __________,
Name is __________, name is ___________.
I have a friend; His/her name is ___________.
We ride our bikes together.

(Tune: Mary Had a Little Lamb)
Adapted by: Helen Balanoff



KINDERGARTEN

TEACHER BACKGROUND INFORMATION

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL BEING

Mental and emotional well-being refers to how a person feels, thinks and acts. If s/he feels "good", this translates into positive feelings, positive relationships with other people, decisiveness and an ability to cope with the stresses of every day life. A person who does not feel "good" has difficulty forming worthwhile relationships and has difficulty functioning in every day life. People derive those feelings about themselves, in large part, from the attitudes towards them of significant people in their lives.

Poor Mental and Emotional Well-Being

Low Self-Esteem

Significant People
- family
- friends
- peers
- teachers
- elders
- church leaders
- community members
- other people

Attitudes
- anger
- rejection
- distrust
- discouragement
- "put downs"

Behaviours
- failure
- fear
- guilt
- aggression
- withdrawal
- mistrust

Healthy Mental and Emotional Well-Being

High Self-Esteem

Significant People
- family
- friends
- peers
- community members
- teachers
- elders
- church leaders
- other people

Attitudes
- love
- care
- acceptance
- encouragement
- trust

Behaviours
- success
- enthusiasm
- responsibility
- creativity
- co-operation
- ability to cope

The Mental and Emotional Well-Being Unit of the Health program aims to enable students to function effectively in a social context. An increase in self-understanding will lead to an enhancement of self-esteem. Together with the acquisition of decision-making, communication and coping skills, they will lead to an improvement in students' mental and emotional well-being, and in their ability to function effectively socially.

The school can contribute greatly in the development of a healthy mental and emotional well-being, through the attitudes of staff, and the atmosphere in both the classroom and the school. Positive attitudes and a positive atmosphere will enhance students' self-esteem.

For that reason, the creation of a positive classroom atmosphere is essential for teaching this unit. (Refer to "Introduction: Building a Positive Classroom Atmosphere".) Since the unit deals with very personal topics (students are, after all, learning about themselves, and nothing can be more personal than that!), teachers should be aware of the need for sensitivity and respect. Students should all be given the opportunity to participate in discussions, but should also be given the opportunity to pass, if they feel uncomfortable in sharing information with others.

Students, and teachers, will gradually become more accustomed to the teaching methods used in this unit, and will soon begin to feel quite comfortable with the unit. Pilot testing of this unit indicated that students were hesitant for the first two or three lessons, but then really enjoyed learning about themselves!

Because of the personal nature of the unit, teachers must become familiar with their cultural appropriateness. Different cultural groups have different values regarding the self, as opposed to the group. They have different ways of appropriately expressing (or not expressing) feelings. Teachers should adapt the materials as necessary to fit the local situation. Wherever possible, members of the local culture should teach culturally sensitive topics to enhance and reinforce students' understanding of these topics within the appropriate cultural context.

KINDERGARTEN

GROWTH AND DEVELOPMENT

GROWTH AND DEVELOPMENT

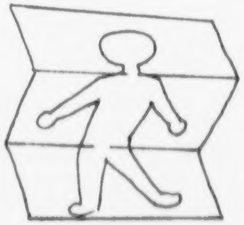
GRADE: KINDERGARTEN   LESSON: 1   THEME: BODY SYSTEMS

CONCEPT: THE BODY IS MADE UP OF DIFFERENT PARTS WHICH HAVE SPECIAL NAMES

PREPARATION:
1. Prepare child size body parts - torso, head, 2 arms, 2 hands, 2 legs and 2 feet
2. Prepare a class set of Body Parts worksheet (Activity Sheet GD1)

VOCABULARY: body, head, eyes, ears, mouth, nose, chest, stomach, shoulders, arms, hands, fingers, legs, knees, feet, toes

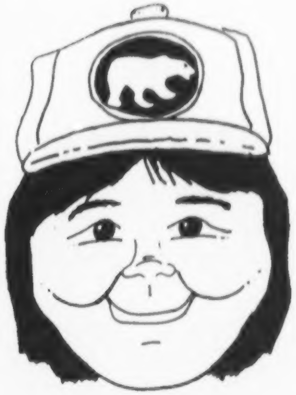
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) name external body parts ii) locate external body parts	Students: 1. Name and locate different parts of their bodies.	Have students point to and name different body parts. Include: - head, eyes, ears, nose, mouth - shoulders - chest - stomach - legs, knees, feet, toes - arms, hands, fingers

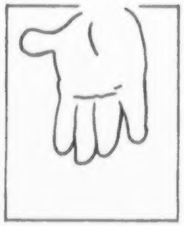
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Play the game "Simon Says, Touch Your..."	
	3. Arrange body parts on the torso to make a complete body.	Display the child size torso on a bulletin board. Have students take turns adding body parts. Use commercial flannel board body parts if available.
	4. In groups of three, draw a person on folded paper.	Give each group a paper folded in three parts: - First person draws head and turns paper over. - Second person draws body, arms, hands and turns paper over. - Third person draws legs, feet, toes.  When each group has completed its drawing, add any missing parts; share and display.
	5. Cut, and paste body parts together to form a body.	Have students complete Activity Sheet GD1.

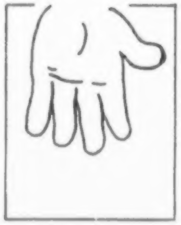
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Learn and sing "These Are My Eyes, Eyes, Eyes."	From the album "The Goat With The Bright Red Socks" by David Walden and Lois Birkenshaw, available from Berandol Music Ltd. 11 Joseph St. Toronto, Ont. M4Y 1J8

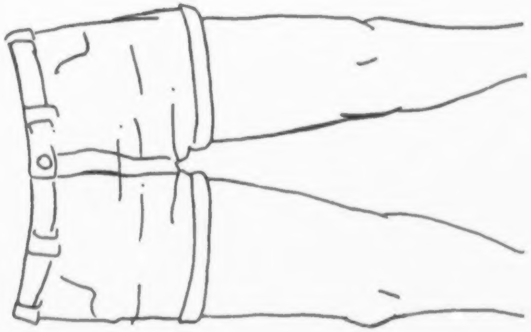
BODY PARTS

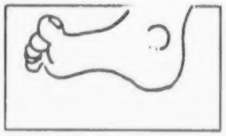
Cut out the body parts. Paste them together to make a person.

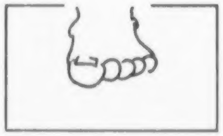


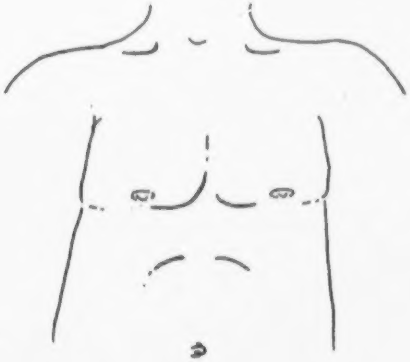


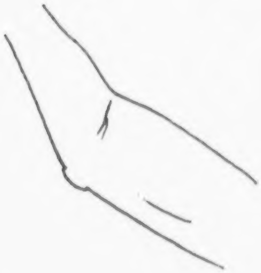


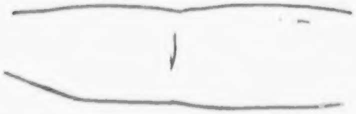












GROWTH AND DEVELOPMENT

GRADE: KINDERGARTEN LESSON: 2 THEME: BODY SYSTEMS

CONCEPT: SENSORY ORGANS ARE SPECIAL BODY PARTS

PREPARATION:
1. Prepare a child size body outline
2. Make cards from drawings of the sensory organs (Activity Sheets GD2A, 2B, 2C)
3. Make flash cards for Student Activity 4
4. "Head and Shoulders" song (Activity Sheet GD3)

VOCABULARY: eyes, ears, mouth, nose, skin, tongue, see, hear, taste, smell, touch

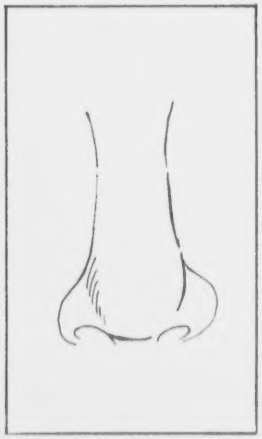
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) name the sensory organs of the body	1. Review the external body parts.	Refer to Kindergarten, Lesson 1. Include: - head, shoulders - legs, feet, toes, knees - arms, hands, fingers - eyes, ears, nose, mouth

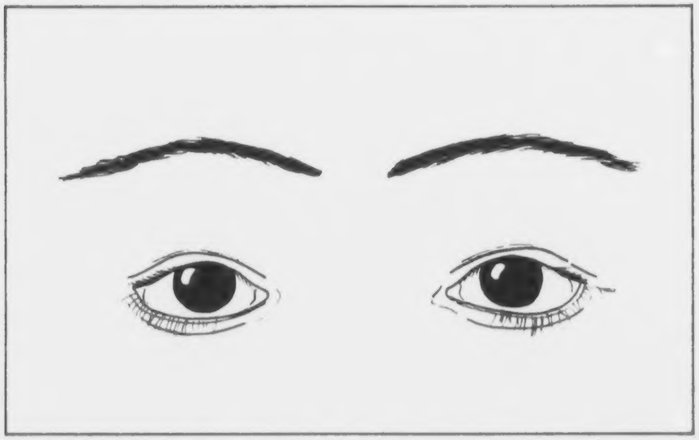
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Name the body parts which they use to: - see - hear - taste - smell - touch	Sensory organs are: eyes - see ears - hear mouth, tongue - taste nose - smell skin - touch
ii) locate the sensory organs of the body	3. Play the game "Simon Says, Touch Your..."	Use the five sensory organs.
	4. Match sensory organ cards and flashcards to child size body outline.	Refer to Activity Sheets GD2A, 2B and 2C. Display the child size body outline on a bulletin board. Students take turns placing cards on the outline.
	5. Sing "Head and Shoulders."	Refer to Activity Sheet GD3.

GD2A

SENSORY ORGAN CARDS

Directions: Cut out each sensory organ and match to location on child size body outline.

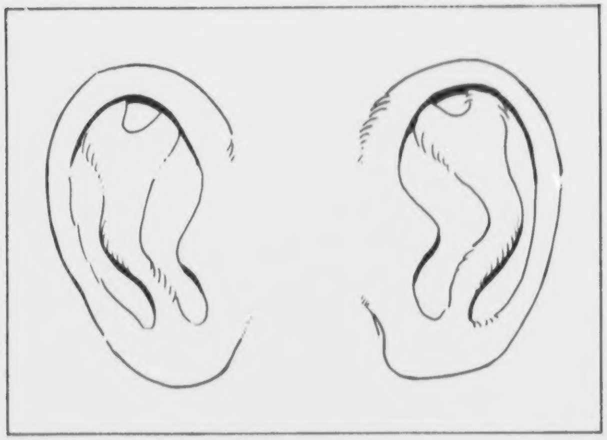


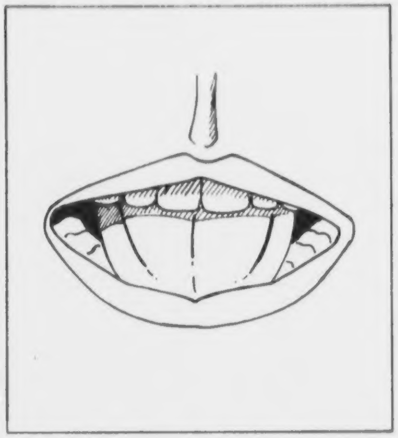


GD2B

SENSORY ORGAN CARDS

Directions: Cut out each sensory organ and match to location on child size body outline.

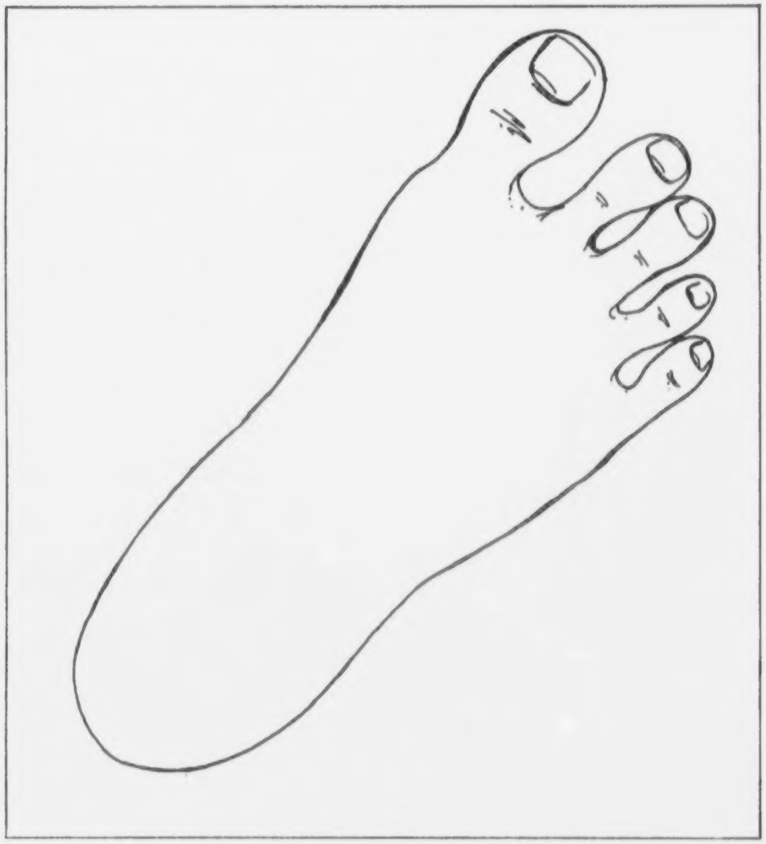


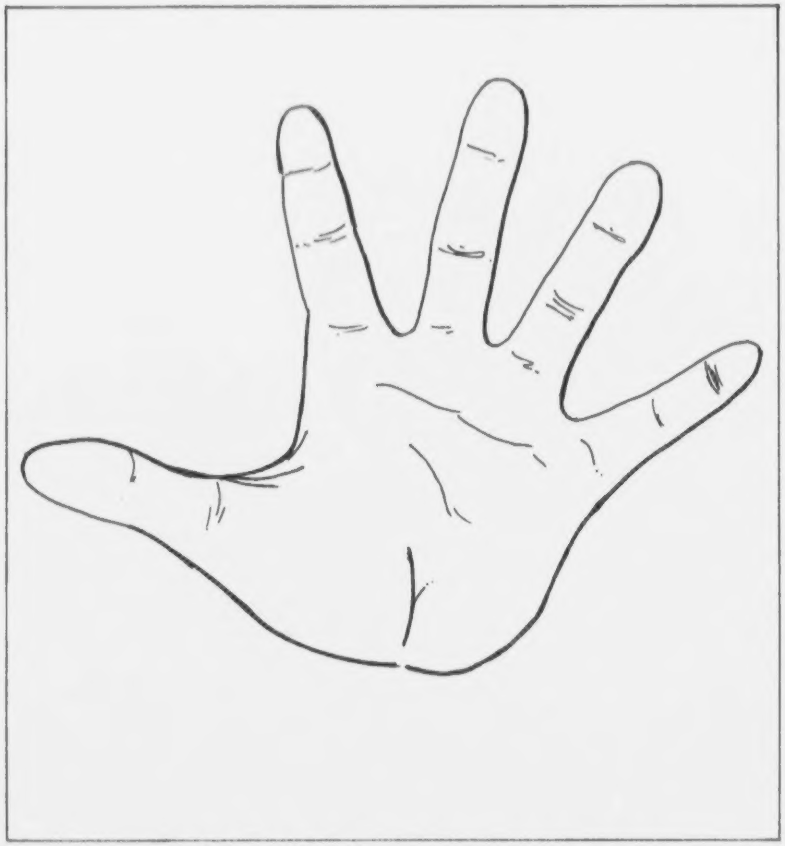


GD2C

SENSORY ORGAN CARDS

Directions: Cut out each sensory organ and match to location on child size body outline.





GD3

HEAD AND SHOULDERS
(2 versions)

Head and shoulders
Knees and toes
Knees and toes
Head and shoulders
Knees and toes
Knees and toes
And eyes and ears
And mouth and nose
Head and shoulders
Knees and toes

(Tune: There is a Tavern in the Town)

Head and shoulders
Knees and toes
Knees and toes
Knees and toes
Head and shoulders
Knees and toes
Eyes, ears
Mouth and nose

(Tune: London Bridge Is Falling Down)

GROWTH AND DEVELOPMENT

GRADE: KINDERGARTEN LESSON: 3 THEME: BODY SYSTEMS

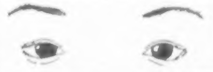
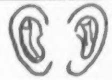
CONCEPT: SENSORY ORGANS HELP PEOPLE LEARN ABOUT THE ENVIRONMENT AND ARE IMPORTANT FOR HEALTH

PREPARATION:
1. Popcorn plus equipment for popping corn
2. Pocket chart and sentence strips
3. "Body Helpers" poem (Activity Sheet GD4)

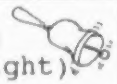
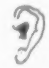
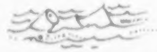
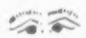
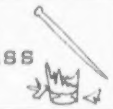
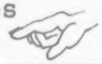
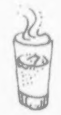
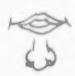
VOCABULARY: warns, danger, (words as required for Student Activity 1)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) explain what the sensory organs do	1. Describe popcorn kernels before, during and after popping using the five sensory organs.	Make popcorn with the students. Discuss what their sensory organs tell them about the popcorn. Include: see - kernel change in shape, size, colour, texture hear - sizzling, popping smell - oil, corn, burning taste - plain, buttered, salty feel - smooth, rough, light

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Name the body parts which they use to see, hear, taste, smell, touch.	Use a pocket chart:

I use my		to see
I use my		to hear

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Identify why the sensory organs are important.	Make an experience chart using these situations. At the top of the chart write the sentence pattern: Our (eyes) help (warn us of danger).

SITUATIONS	SENSORY ORGANS	USES
bell rings (out of sight) 	ears 	warn us of danger
dirty water 	eyes 	warn us of danger
sharp pin, broken glass 	skin eyes 	warn us of danger
sour milk 	mouth nose 	warn us of danger

OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

SITUATIONS	SENSORY ORGANS	USES
flowers, plants, trees 	nose eyes skin 	learn about our world enjoy our world
burning match 	eyes nose skin 	warn us of danger

4. Learn the poem "Body Helpers."

Refer to Activity Sheet GD4.

GD4

BODY HELPERS

My eyes can see;
My nose can smell;
I use my ears
To hear the bell.

My tongue can taste;
My teeth can chew;
I use my feet
To run with you.

My fingers touch;
My lips can tell;
I use my senses
To keep me well.

Jim Reid

GROWTH AND DEVELOPMENT

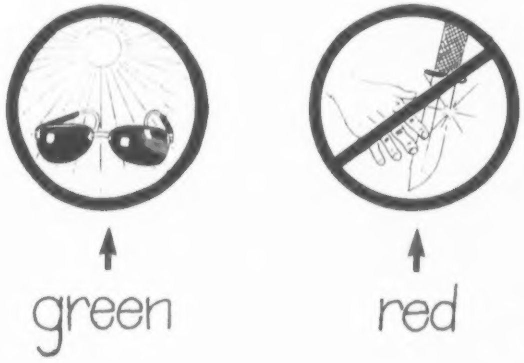
GRADE: KINDERGARTEN LESSON: 4 THEME: BODY SYSTEMS

CONCEPT: SENSORY ORGANS HELP PEOPLE LEARN ABOUT THE ENVIRONMENT AND ARE IMPORTANT FOR HEALTH

PREPARATION:
1. Collect sunglasses, toque, a substance difficult to identify (e.g., a clear, colourless liquid), sharp object
2. Magazine cut-outs of ways to protect the sensory organs
3. Prepare a class set of the Symbols worksheet (Activity Sheet GD5)

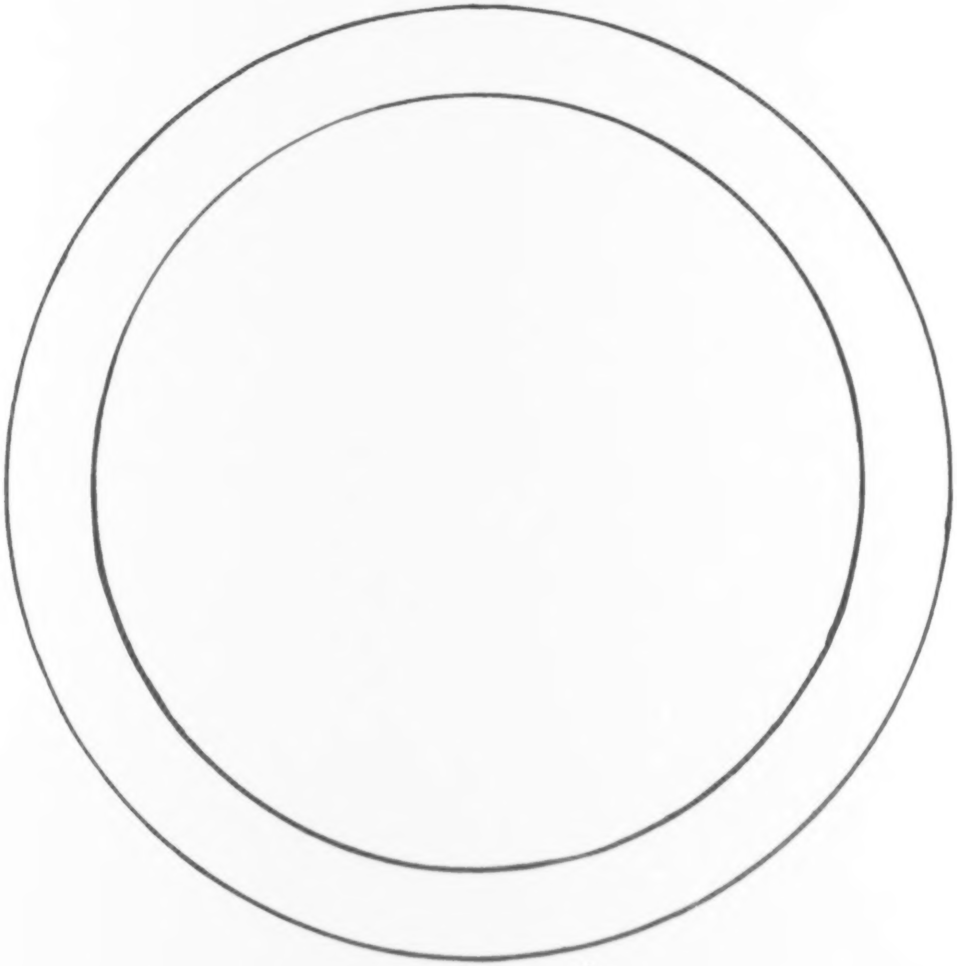
VOCABULARY: take care of/ protect, hurt

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe ways to protect the sensory organs	1. Discuss what sunglasses and toque are used for.	Show sunglasses and toque.
	2. Describe ways of protecting all five sensory organs.	Make an experience chart using simple drawings and magazine cut outs. At the top of the chart write the sentence pattern: We can take care of ourselves by ___________.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- protecting eyes from sun - covering ears from cold - washing eyes, ears and skin daily - eating, drinking safe foods - not smelling unknown substances - wearing protective clothing
	3. Discuss what would happen if they didn't protect the sensory organs.	Include: - hurt the eyes, ears, etc. - not be able to see, hear, taste, smell, touch
	4. Draw pictures in the symbols of things they should/shouldn't do to protect the sensory organs.	Refer to Activity Sheet GD5. Have each student colour the outside circle - green for safe - red for unsafe Draw a red line through the unsafe symbols. 

GD5

SYMBOLS



GROWTH AND DEVELOPMENT

GRADE: KINDERGARTEN LESSON: 5 THEME: LIFESTYLE

CONCEPT: PEOPLE CAN DEVELOP POSITIVE HEALTH HABITS

PREPARATION:
1. Collect props/pictures for positive health habits - e.g., toothbrush, soap, towel, comb, etc.
2. Doll with clothes for different weather conditions
3. Prepare a class set of My Healthy Ways worksheet (Activity Sheet GD6)

VOCABULARY: take care of, healthy, wash, brush, sleep, eat, play, exercise, dress

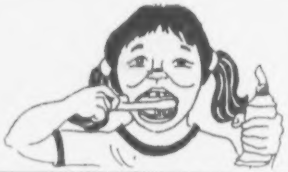
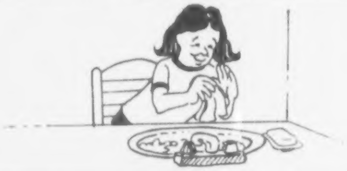
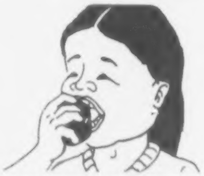
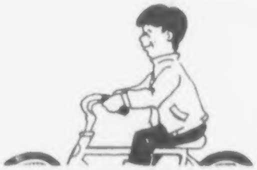
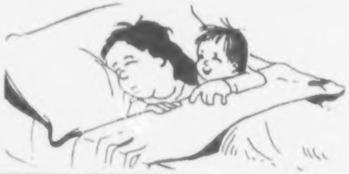
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify positive daily health habits	1. Review ways of caring for the sensory organs.	Refer to Kindergarten, Lesson 4.
	2. List daily health habits that keep them well.	Ask students what things they do every day to take care of themselves. Make an experience chart using simple drawings and magazine cut outs. At the top of the chart write the sentence pattern:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		We can take care of ourselves by ________. - washing/bathing to keep clean - brushing teeth in morning, after meals, at bedtime - eating nutritious breakfast - playing outside actively - having enough sleep, rest - washing hands before eating, after going to the bathroom - dressing according to the weather - having fun with family and friends
	3. Identify how different objects/activities help keep them clean and healthy.	Display props/pictures such as: - toothbrush - towel - soap - comb - nutritious food - someone sleeping/pillow - clothes for different seasons - someone exercising Have students identify how each object helps keep them clean and healthy.
ii) demonstrate daily positive health habits	4. Demonstrate and practise using hygiene products properly.	Using props, students demonstrate and practise how they use them to keep clean and healthy.
	5. Use a doll to practise changing clothes for a variety of weather conditions.	Put the doll in the house centre for students to play with.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Do exercises that strengthen the heart and lungs.	Play tag or skipping.
	7. Sing and act out "This is the way we (brush) our (teeth) to keep our bodies healthy."	Tune "Here We Go Round The Mulberry Bush."
	8. Record positive daily health habits on My Healthy Ways worksheet.	Refer to Activity Sheet GD6. Have students complete the worksheet by placing a check mark in the appropriate boxes, each day for a week.

GD6

MY HEALTHY WAYS

	Monday	Tuesday	Wednesday	Thursday	Friday
					
					
					
					
					

GROWTH AND DEVELOPMENT

GRADE: KINDERGARTEN LESSON: 6 THEME: LIFESTYLE

CONCEPT: PEOPLE CAN DEVELOP POSITIVE HEALTH HABITS

PREPARATION:
1. Collect props/pictures for positive health habits - e.g., tissues, medicine, shampoo, picture of doctor, dentist
2. Bandaids

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify positive regular health habits	1. Review some daily positive health habits.	Refer to Kindergarten, Lesson 5.
	2. Discuss why people need to visit the doctor and dentist regularly.	Show picture of dentist. Ask students why people visit: - dentist - doctor/nurse

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Explain that we have to visit doctor, dentist, etc. regularly for: - checkups - needles (immunization) - teeth cleaning
	3. List regular health habits that keep students well.	Ask students what other things they sometimes do to take care of themselves. Make an experience chart using simple drawings and magazine cut outs. At the top of the chart write the sentence pattern: We can take care of ourselves by __________. - visiting dentist/doctor regularly - washing hair - using tissue as needed - taking medicine as instructed - cleaning nails - treating cuts immediately
	4. Identify how different products keep them clean and healthy on a regular basis or as needed.	Display props/pictures such as: - shampoo - tissues - medicine - bandaids Have students identify how each object helps keep them clean and healthy.
ii) demonstrate positive regular health habits	5. Demonstrate and practise how to use health products properly.	Using props, students demonstrate and practise how they use them to keep clean and healthy.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Demonstrate how to take care of a cut on the skin.	Divide students into small groups or pairs. Have each group/pair practise treating an imaginary cut. Steps in treating minor cuts: - clean skin with soap and water - rinse cut with water - apply bandaid when skin is dry

KINDERGARTEN

TEACHER BACKGROUND INFORMATION

GROWTH AND DEVELOPMENT

THE SENSES

The body is like a machine with many identifiable parts that work together in wonderful ways.

Sensory organs receive information from the environment, help us enjoy our surroundings and keep us safe.

Basic ways that the senses help us experience the world:

sight - provides near, far and side vision
- interprets objects
- distinguishes colour

touch - distinguishes textures, temperatures and pressure
- provides sensations of soft/rough; cold/hot, etc.
- warns of danger (pain)
- provides sensations of pressure - squeezing/light

taste - provides sensations of sour, sweet, salty, bitter, etc.

smell - warns of danger (smoke)
- provides sensations of pleasant, unpleasant
- provides awareness of surroundings

hearing - perceives sounds, whether pleasant/unpleasant and determines location of sound sources

The two senses most commonly affected by sensory disorders in elementary school children are vision and hearing. Elementary teachers may encounter these disorders in the classroom, so it is important that they understand how the senses work and that they observe children at work and play, noting patterns of behaviour that may be clues to sensory losses. They must also promote a safe healthy learning environment and refer those children who exhibit health problems.

VISION, VISION PROBLEMS: CARE AND PREVENTION

Vision is a sense that allows individuals to explore and relate to the physical and social environment. About eighty percent of school work involves visual acuity. Normally, elementary children are far-sighted. They readily see large print, large objects and diagrams. Their eyes must be trained for close-up work such as reading and writing. Because defective vision affects school progress and the health and personal development of children and youth, it is important to refer any suspected vision problems early.

COMMON RISKS THAT MAY CONTRIBUTE TO SIGHT LOSSES INCLUDE:

- throwing sand, dirt in the face and eyes
- using dangerous equipment (guns, sling shots, bows and arrow, aerosol cans) and playing roughly
- staring up at bright light or sun
- using spray cans with nozzle pointing to face
- carrying sharp objects with points upward
- rubbing eyes with foreign bodies (sand, dirt, other)

- being close to operating tools that saw or grind without protective lenses
- not buckling up in motor vehicles - not a classroom problem
- holding pets too closely

IDENTIFYING CHILDREN WITH VISION PROBLEMS

A PPEARANCE - eyes: crossed, protruding, swollen, reddened, blood-shot, watery

B EHAVIOUR - continual blinking when reading; brushes away blur, holding books far-away or close to face, frequent rubbing of eyes, squinting, covering an eye to read, guiding reading with a finger, fatigue after reading, poor eye-hand coordination

C OMPLAINTS - pain, burning, itching, sensitivity to light, headaches, blurred vision

VISION HEALTH PROMOTION

WAYS TO PROMOTE A HEALTHY SCHOOL/CLASS ENVIRONMENT:

- reduce glare and shadows
- provide adequate lighting
- use clean, non-glare blackboards
- use large clear writing on blackboards
- select appropriate reading materials
- follow eye safety measures in emergencies
- provide preferential seating when necessary

PREVENTION OF EYE DISORDERS INCLUDES:

- systematic observation of children's sight
- periodic screening of visual acuity
- referral of suspected sight problems for treatment
- self care practices that promote health of the eyes

CARE OF THE EYES involves positive health practices. Some are:

- washing eyes with clear water daily
- eating nutritious foods from all four food groups, especially excellent sources of vitamins A, B, thiamin, riboflavin, niacin
- playing outside in clean air
- getting enough sleep and rest
- sitting where they can see the blackboard comfortably
- telling an adult if they have an object in the eye
- drinking plenty of milk, juice and water
- practising safety rules

SAFETY PRACTICES FOR HEALTHY EYES

Encourage children to:

- have eye/medical examinations regularly
- use proper eye/head equipment for contact sports
- report eye problems to an adult in authority (parent, teacher)
- be careful around hazardous material and chemicals
- play with safe toys that are not pointed
- handle equipment carefully
- buckle up in motor vehicles
- use a cap, sun hat or good quality sun glasses in bright sunshine
- know and use eye safety rules in emergencies

HEARING, HEARING PROBLEMS

Primarily the ear is a sensory organ that is responsible for balance and hearing. Hearing is an extremely important sense, because deaf people are also often hampered with very poor language development.

Even though the hearing loss may be of small degree, the consequences can be quite important both socially and educationally. These consequences, apart from the hearing loss and thus the difficulties in communication, include speech problems and a slowing down of the social, emotional and intellectual development of the child.

Hearing losses may occur gradually and may go unrecognized for some time. If deafness is one sided, or relatively mild, it may not be apparent. Sometimes only screening will reveal a hearing loss.

Teachers are in an excellent position to observe children's health. They have the opportunity to observe recurrent or unusual health behavior. They may see changes in physical appearance, and may have children report to them how they feel. Teachers may be the first adults to become suspicious about a hearing loss, and a referral, using recommended school procedures, may alleviate or avoid the consequences described above.

OTITIS MEDIA

One of the most common causes of hearing loss in the N.W.T. is OTITIS MEDIA. Otitis media is the result of a bacterial or viral infection of the middle ear. It is common among young children, particularly age 3 months to 3 years. This means that children entering Kindergarten may already have hearing problems. The micro-organisms may migrate from the nose and throat area to the middle ear over the surface of the eustachian tube mucous membrane. Chronic otitis media is one of the main health problems in the native populations of Canada, Alaska and Greenland.

The first symptom is usually a persistent earache. Hearing loss may occur. Fever and nausea may occur in young children. The tympanic membrane may, without treatment, infect and later perforate.

Socio-economic factors, i.e., crowding, poor housing, hygienic conditions and nutrition, as well as bottle feeding, may all contribute to the onset of otitis media.

Treatment is usually in the form of antibiotics, to reduce the symptoms and hasten the end of the infection.

The greatest impact on reducing the incidence of otitis media is breast-feeding of infants for the first 8-12 months. Reducing upper respiratory infections and improving basic hygienic practices may also help reduce the incidence of otitis media.

IDENTIFYING CHILDREN WITH EAR PROBLEMS

A PPEARANCE - drainage from ear, cotton in ear, or swollen glands behind ear

B EHAVIOUR - rubbing or pulling ear, cupping of ear to hear, turning to the side to catch sounds, lack of awareness of communication by another person, especially ignoring quiet talk directed to the child, behaviour problems, not following directions, poor mimicry, unclear speech, requests to have directions repeated, appearance of day-dreaming

C OMPLAINTS - pain in ear (children will rarely complain of deafness)

HEARING HEALTH PROMOTION

WAYS TO PROMOTE A HEALTHFUL SCHOOL/CLASS ENVIRONMENT INCLUDE

- preferential seating, where a hearing problem exists
- reduction of extraneous loud noises
- use of carpets and baffles absorb noises especially in open-area classrooms

PREVENTION OF HEARING LOSSES INCLUDE:

- systematic observation for hearing impairment in pupils
- screening for hearing at school entrance and regular intervals thereafter
- referral of suspected hearing problems
- recommendations of self-care practices that promote health of the ears

SELF CARE OF THE EARS/HEARING involves positive health practices. Some are:

- wash outer ears with a soft cloth daily; never use Q-tips to clean the ears
- eat nutritious foods from all four food groups
- find time for rest, sleep and relaxation
- wear appropriate head coverings on cold windy days to prevent frostbite to ears
- avoid excessive loud noises

SAFETY PRACTICES FOR HEALTHY EARS

Encourage children to:

- have hearing test/medical examinations regularly
- report ear pain or discharge to a responsible parent/adult
- not put objects in ears
- wear head gear in contact sports
- buckle up in motor vehicles to avoid head injury

Sources: Physical Well-Being Teaching Aids,
Manitoba Eduction 1986
Schaefer, Otto, M.D., Otitis Media and Bottle Feeding, Canadian Journal of Public Health - Nov/Dec 1971

KINDERGARTEN

NUTRITION

NUTRITION

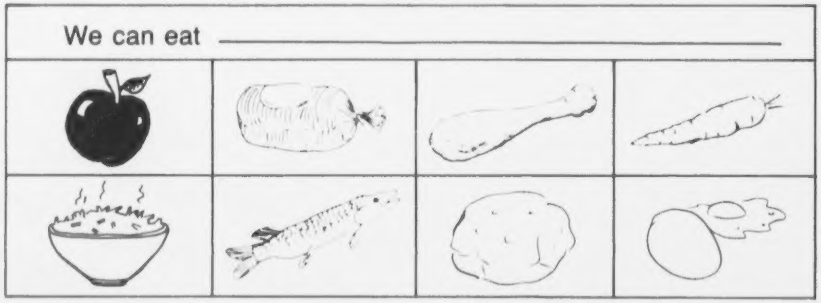
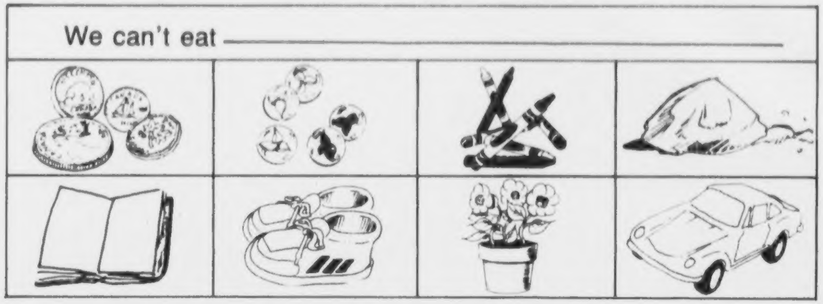
GRADE: KINDERGARTEN LESSON: 1 THEME: FOOD IDENTIFICATION

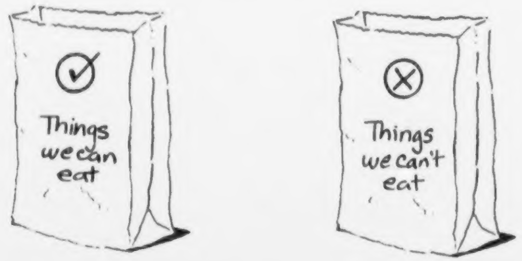
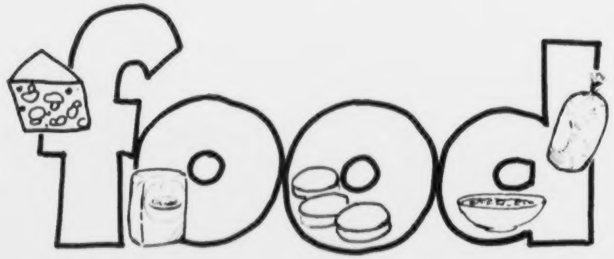
CONCEPT: PEOPLE EAT FOOD TO HELP THEIR BODIES GROW HEALTHY AND STRONG

PREPARATION:
1. Props/pictures which illustrate food and non-food items
2. Two large bags — one labelled Things We Can Eat, the other Things We Can't Eat
3. Materials for a food collage (magazines, scissors, glue, etc.)

VOCABULARY: food, eat, (names of various food items)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) distinguish between a food and a non-food	Students: 1. Identify specific foods as things which we eat.	Background information: Page Prior to allowing students to eat food in class, teachers should check with parents to find out if any students have food allergies. Display props/pictures such as: - apple - bread - carrot - rice - meat - eggs - bannock - fish - berries

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Have students identify what they would do with each. Record student responses using a picture book as illustrated. 
	2. Identify things which we cannot eat.	Display props/pictures such as: - coins - stones - marbles - crayons - books - shoes - flowers - toys Have students identify whether they can eat these. Record student responses using a picture bank as illustrated: 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Sort items into things we can eat and things we can't eat.	Prepare two large bags as illustrated.  Things we can eat Things we can't eat Have students select items from the props and put them in the correct bag.
	4. Cut food pictures from magazines to make a collage.	Cut out four large letters which spell  Have students cut food pictures from magazines and stick them onto the letters. Be sure to include country foods. Display on the bulletin board or hang from the ceiling.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Learn and say the "Food" cheer.	Lead student in a food cheer. *Teacher:* Give me an F *Students:* F *Teacher:* Give me an O *Students:* O *Teacher:* Give me an O *Students:* O *Teacher:* Give me a D *Students:* D *Teacher:* What have you got? *Students:* FOOD *Teacher:* Louder *Students:* FOOD *Teacher:* I can't hear you *Students:* FOOD Four students can hold up the food letters made in Student Activity 4 during the cheer.

NUTRITION

GRADE: KINDERGARTEN LESSON: 2 THEME: FOOD IDENTIFICATION

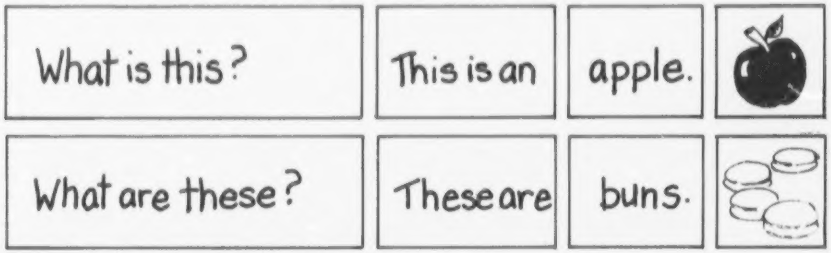
CONCEPT: PEOPLE EAT FOOD TO HELP THEIR BODIES GROW HEALTHY AND STRONG

PREPARATION:
1. Sentence strips for Student Activity 1
2. Samples of different kinds of food
3. Ingredients and equipment for fish soup. Bowls and spoons to eat the soup
4. Prepare a class set of Fish Soup worksheets (Activity Sheet N1)
5. Scissors, glue and drawing materials

VOCABULARY: Names of various food samples.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page — Prior to allowing students to eat in class, teachers should check with parents to find out if any students have food allergies.
i) name a variety of familiar foods	1. Name different kinds of food.	Show a variety of food samples likely to be familiar to students.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Ask them to identify the foods. Record student responses using a pocket chart and sentence patterns as illustrated.



What is this?	This is an	apple.
What are these?	These are	buns.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Make and eat fish soup.	Refer to Activity Sheet N1. Use the following recipe to make fish soup.

Fish Soup

1) Cook 500 mL cubed potatoes
   ½ onion, diced
   2 carrots, diced
   in 500 mL fish stock or water until nearly soft.
2) Add 450 g fish cut into small pieces, seasonings and parsley.
3) Cook until fish is soft.
4) Add 500 mL milk and a little butter.
5) DO NOT BOIL. Serve hot.

The students can make the soup with the assistance of the teacher. As the soup is being prepared, students participate by completing Activity Sheet N1. Have students practise saying the sentence pattern.

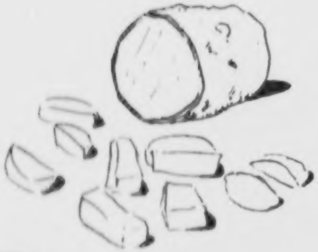
We put __________ in the soup. (onions)

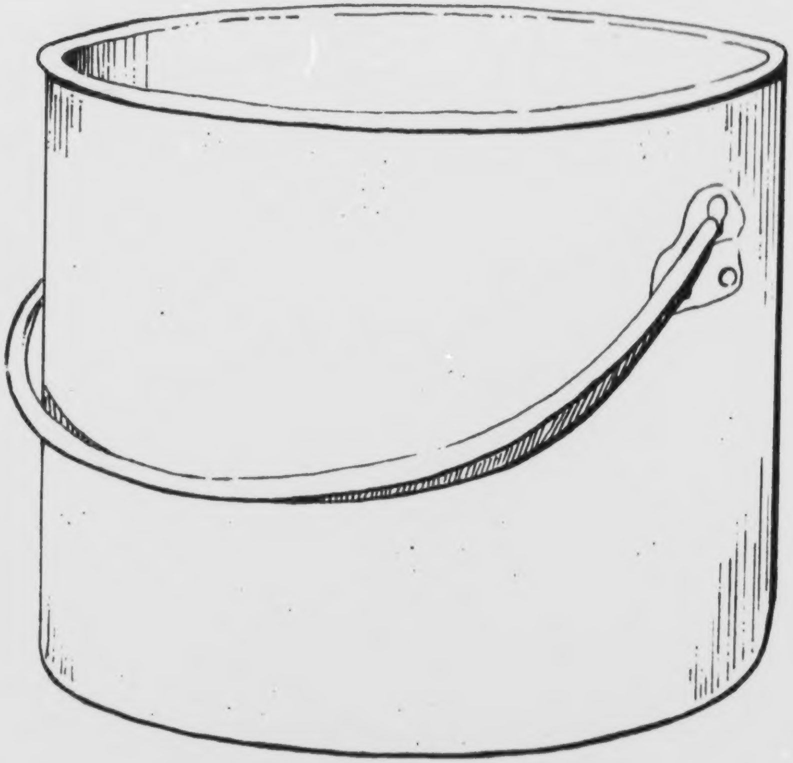
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Learn and say the "Fish In The Soup" chant.	Refer to Activity Sheet N2.

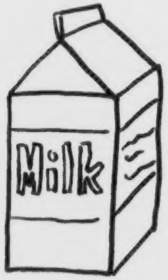
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Name their favourite foods.	Have students sit in a circle. The first student names a favourite food. "I like ____________." Then the next person names a favourite food, and so on around the circle.
	5. Draw a picture of their favourite food.	Have each student draw a picture of his/her favourite food. Display the pictures around the room.

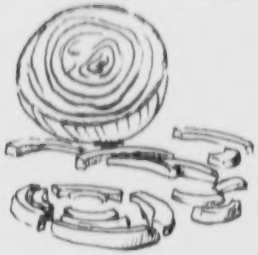
FISH SOUP

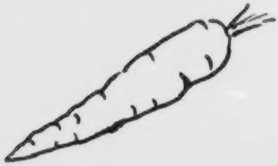
N1

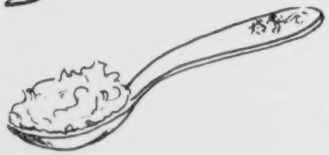


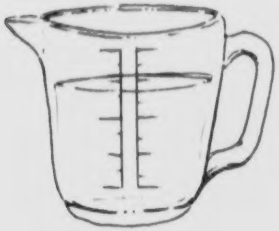


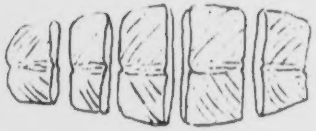












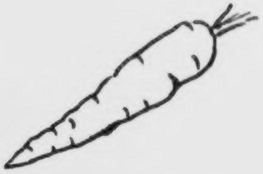
Cut out all the things you need to make Fish Soup. Cut out the soup pot. Stick the food on the soup pot as the soup is being made.

FISH IN THE SOUP

N2

1. Fish in the soup
Fish in the soup
Fish in the soup
Yum, yum, yum!

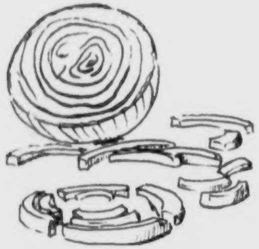
2. Carrots in the soup
Carrots in the soup
Carrots in the soup
Yum, yum, yum!



3. Potatoes in the soup
Potatoes in the soup
Potatoes in the soup
Yum, yum, yum!

4. Milk in the soup
Milk in the soup
Milk in the soup
Yum, yum, yum!

5. Onions in the soup
Onions in the soup
Onions in the soup
Yum, yum, yum!



6. Eat up the soup
Eat up the soup
Eat up the soup
Yum, yum, yum!

Helen Balanoff

NUTRITION

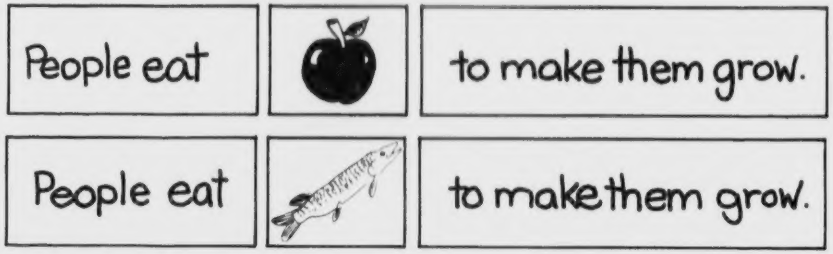
GRADE: KINDERGARTEN LESSON: 3 THEME: FOOD APPRECIATION

CONCEPT: FOOD HELPS OUR BODIES GROW HEALTHY AND STRONG

PREPARATION:
1. Ingredients for nutritious snacks
2. Sentence strips and pictures for Student Activity 3
3. Food or food pictures for "People Eat. . ."song (Activity Sheet N3).

VOCABULARY: healthy

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page The term 'healthy' is used here for younger students instead of 'nutritious'.
i) prepare a healthy snack	1. Prepare a variety of healthy snacks.	Have students help prepare some healthy snacks. (Parents or older students may be asked to help too). Snacks may include: - cheese - dried fruits - cheese slices - apples - milk - carrots

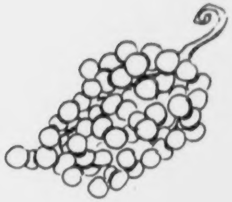
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- muffins - oatmeal/porridge - peanut butter - bannock - fruit juice - seeds/nuts - dried/smoked meat and fish - crackers - berries
ii) demonstrate a willingness to taste healthy snacks	2. Sample the snacks.	Have students sample the snacks.
iii) state reasons for eating	3. Tell why people need to eat food.	Ask students why people eat food. Record student responses using a pocket chart and the sentence pattern as illustrated.  People eat to make them grow. People eat to make them grow.
	4. Learn and sing the song "People eat..."	Refer to Activity Sheet N3.

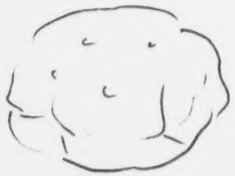
PEOPLE EAT

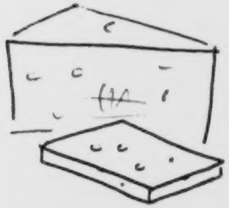
People eat apples to make them grow
Make them grow, make them grow
People eat apples to make them grow
Make them grow healthy and strong.

(Tune: Here We Go Round the Mulberry Bush)

Helen Balanoff







Provide individual students with a variety of foods or food pictures. In turn, each student shows his/her food or picture. The class sings the song using the name of the food or picture being shown.

NUTRITION

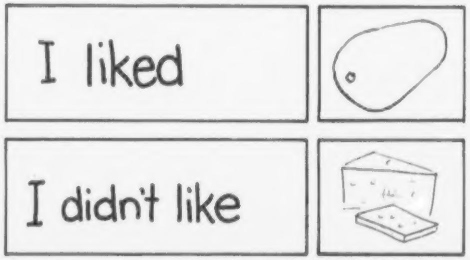
GRADE: KINDERGARTEN LESSON: 4 THEME: FOOD APPRECIATION

CONCEPT: A WILLINGNESS TO TASTE FAMILIAR AND UNFAMILIAR FOODS PROMOTES FOOD APPRECIATION

PREPARATION:
1. Samples of a variety of unfamiliar foods
2. Picture cards of each food
3. Sentence strips for Student Activity 2

VOCABULARY: names of unfamiliar foods

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) demonstrate a willingness to taste familiar and unfamiliar foods	Students: 1. Participate in a tasting party.	Background information: Page — Prepare samples of a variety of familiar and unfamiliar foods. Have a food picture card for each item. Unfamiliar samples may include: - prunes - avocado - dried or smoked meat or fish - yogurt - lime - liver - cheese - kiwi Let students select and taste foods.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Tell which foods they liked and which they did not like.	Have students identify one food which they liked, and one which they didn't like. Ask each student to select and place food picture cards in a pocket chart as shown.  Have each student say the sentences I liked avocado. I didn't like cheese.
	3. Explain why they liked or did not like the food.	Have students sit in a circle. Conduct a chain drill where each student takes a turn saying the sentence pattern: I liked (prunes) because (they taste sweet). Repeat using the sentence pattern: I didn't like (lime) because (it tastes sour).

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Learn and sing the song "Try New Foods".	Try New Foods (Tune: This Old Man) Try new foods You will find That the taste is very fine. Mary liked the kiwi. Jack did too. New food's fun And good for you! *Barbara Hall* Use real names and foods from Student Activities 2 and 3.

KINDERGARTEN

TEACHER BACKGROUND INFORMATION

NUTRITION

FOOD

Food is life. People, animals and plants need food to grow and remain healthy. The substances in food that help people grow and stay healthy are called nutrients.

NUTRIENTS

We need over 50 nutrients for good health. These nutrients have their own jobs to do, but often depend on each other. Because foods are different they give us different nutrients. No one food can provide all the nutrients we need. This means we must eat a variety of foods every day.

From food we also get energy to carry out daily activities. The energy comes from fats, carbohydrates and protein. If food gives more energy than needed, the extra energy is stored as fat.

If not enough energy comes from food, then the body loses weight. So, food energy must be balanced with activity to control body weight.

Although there are more than 50 nutrients essential for health and growth, there are only six major groups of nutrients:

Nutrient:	**Function:**
1. Protein	builds and repairs body tissue, e.g., muscles, skin
2. Fat	insulates and protects supplies energy carries vitamins A, D, E and K
3. Carbohydrates	important source of energy
4. Vitamins	Vitamin A: good night vision, healthy skin Vitamin C: healthy gums, teeth & blood vessels fights infection B vitamins: help the body use energy (Riboflavin) (Thiamin) (Niacin)
5. Minerals	Calcium: strong bones & teeth Iron: good blood
6. Water	regulates body functions

What Foods Do We Eat To Get All These Nutrients?

Traditionally, people in the North ate a healthy diet. The hunting and fishing lifestyle was active and healthy. There were times of little food, but generally people were able to feed themselves well. People wasted very little of their food sources. For example, they would eat all of an animal they killed; the eyes, brains, lips, stomach contents, etc. That way they were able to get all the nutrients they needed. Today, lifestyle and food sources in the North have changed. Both store and country foods are needed for good health and nutrition. The stores have many nutritious foods, but also some that aren't so nutritious. People need to choose foods carefully for best nutrition and value for their money.

Here's a list of foods, from the country and the store, that will give people the nutrients that they need everyday.

Nutrient	Country Food Source	Store Food Source
Protein	Wild game (all parts of the animal),wild birds, wild bird eggs, animal blood, fish, fish eggs, organ meats (liver, kidney, heart)	Beef, pork, chicken, turkey, organ meats, fish, dried beans and peas, cheese, eggs, nuts/seeds, peanut butter
Carbohydrate	Bannock, wild berries and greens, seaweed, animal stomach contents	Bread, whole grain cereals, enriched pasta (macaroni noodles, etc.), rice, dried beans and peas, macaroni dinner, crackers, pilot biscuits
Fat	Wild birds, wild game fat, muktuk, animal intestines	Beef, pork, luncheon meats, bologna, sausages, bacon, nuts/seeds, wieners, lard, butter, margarine
Calcium	Animal stomach contents, fish heads and bones, seaweed/kelp, wild dark green vegetables, bones, wild milk	Milk, cheese, yogurt, sunflower seeds, broccoli, dried beans/peas, canned fish with bones (salmon, sardines)
Iron	Game, wild birds, organ meats, seaweed, animal blood, wild greens	Organ meats, red meats, pumpkin seeds, green leafy vegetables, enriched cereal products, enriched pasta (macaroni, noodles, etc.)
Vitamin C	Wild greens, wild berries, seaweed	Potatoes, cabbage, broccoli, turnip, canned tomatoes, alfalfa and bean sprouts, oranges, orange and grapefruit juice, vitaminized apple juice
Vitamin A	Seal, wild birds, muktuk, animal stomach contents, seaweed, animal and fish liver, wild greens and berries	Broccoli, spinach, milk, butter, liver, carrots, squash
Vitamin D	Fish liver oils	Vitamin D fortified milk
Thiamin	Seal, wild birds, organ meats, muktuk, seaweed, bannock, wild greens	Dried beans/peas, pork, organ meats, nuts/seeds, enriched bread/cereals, enriched pasta (macaroni, noodles, etc.)
Riboflavin	Game, wild birds, stomach contents, organ meats, wild bird eggs, seaweed, bannock	Milk products, organ meats, enriched breads, cereals, enriched pasta (macaroni, noodles, etc.)

N24

Nutrient	Country Food Source	Store Food Source
Niacin	Animal stomach contents, seaweed, bannock, organ meats, wild game, wild birds	Organ meats, enriched breads and cereals, enriched breads and cereals, enriched pasta (macaroni, noodles, etc.)

As shown in the above list, some foods provide more than one nutrient. Example: Wild game provides protein, fat, iron, vitamin A, thiamin and riboflavin. Also, some foods are the main source of more than one nutrient. Example: fortified milk is a main source of calcium, and it is also a main source of Vitamin D.

The Food Guide (Canada's Food Guide or the N.W.T. Food Guide), puts food together into four food groups, based on the leader nutrients they provide. By selecting foods from EACH group daily we can be sure of getting all the nutrients we need.

Here's a summary of what each group provides us with:

Milk and milk substitutes group (includes soft bones)	Calcium, riboflavin, vitamins A and D, protein, fat, carbohydrate
Meat, fish, birds and eggs group	Protein, iron, fat, vitamin A, thiamin, riboflavin, niacin
Bannock, bread and cereal group	Carbohydrate, thiamin, riboflavin, niacin, iron, fibre, protein
Fruit and vegetables group (includes intestines and stomach contents)	Vitamins A and C, carbohydrate, fibre, iron.

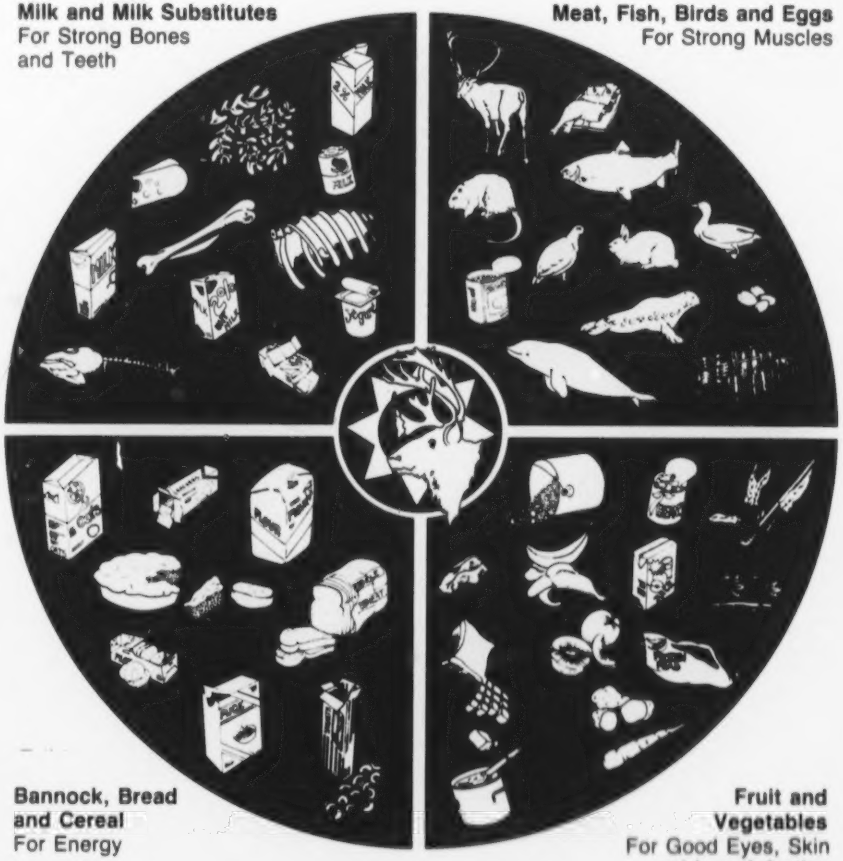
The food groups are colour coded to help people plan a healthy diet.

Blue	Milk and milk substitutes
Red	Meat, fish, bird, eggs and all edible parts
Green	Fruit and vegetables
Orange	Bannock, bread and cereal

This allows people to quickly identify a food with its food group, e.g., "Milk belongs to the blue group."

N.W.T. FOOD GUIDE

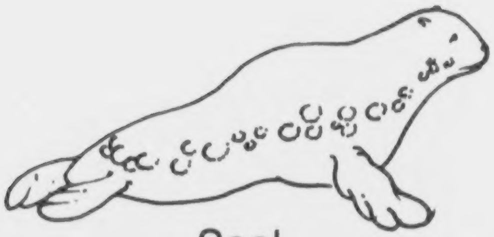
Eat foods from each group every day for health


Milk and Milk Substitutes
For Strong Bones and Teeth
Meat, Fish, Birds and Eggs
For Strong Muscles
Bannock, Bread and Cereal
For Energy
Fruit and Vegetables
For Good Eyes, Skin and Less Infection

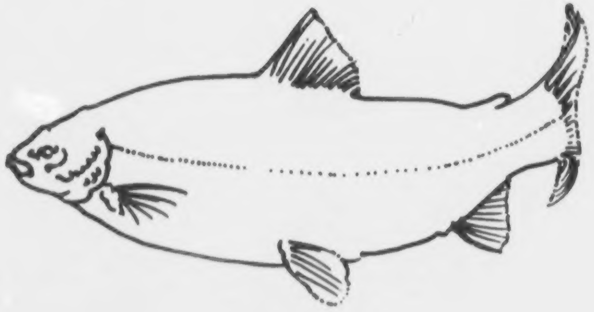
N26

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

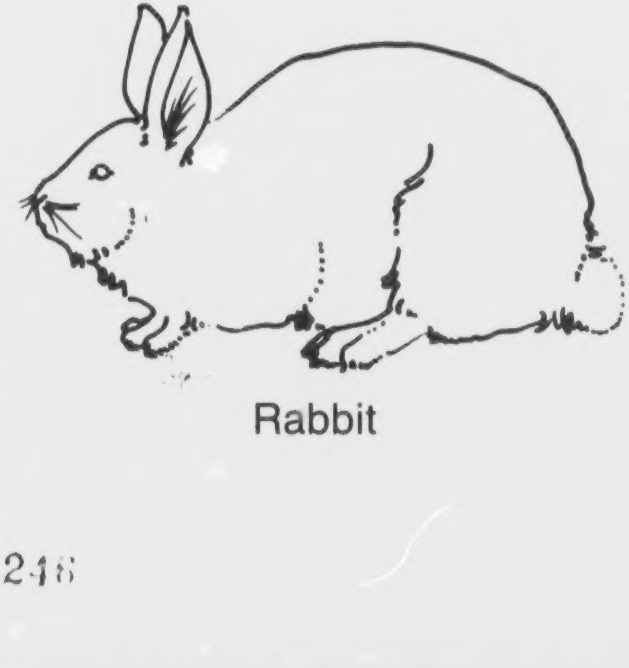
Leader Nutrients: Protein, Iron



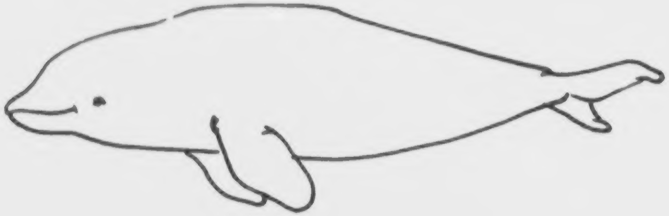
Seal



Fish



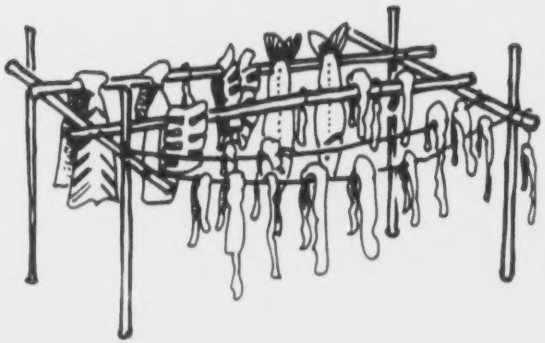
Rabbit



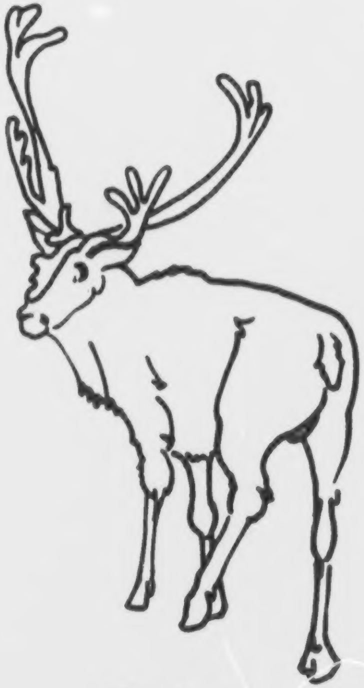
Whale

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

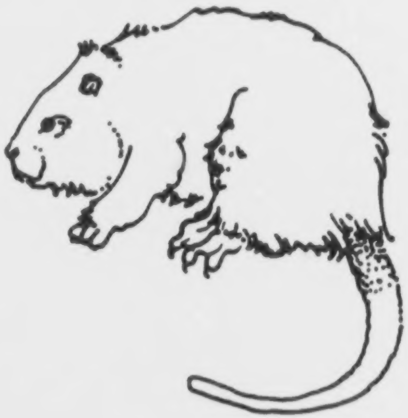
Leader Nutrients: Protein, Iron



Dried Meat and Fish



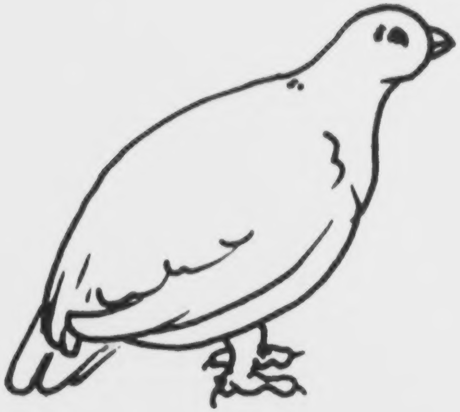
Caribou



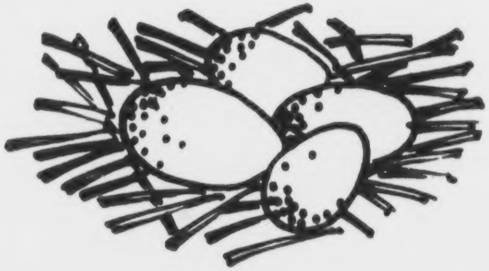
Muskrat

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

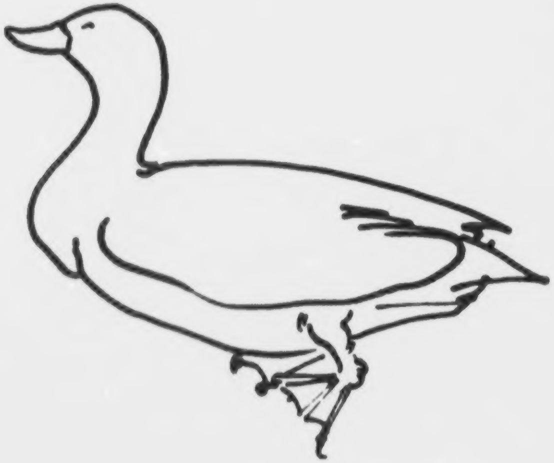
Leader Nutrients: Protein, Iron



Ptarmigan



Eggs

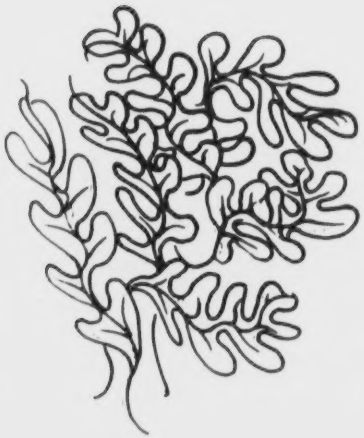


Duck

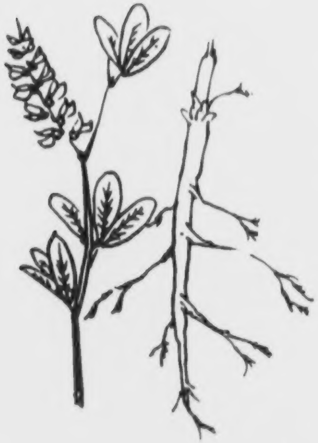
N29

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

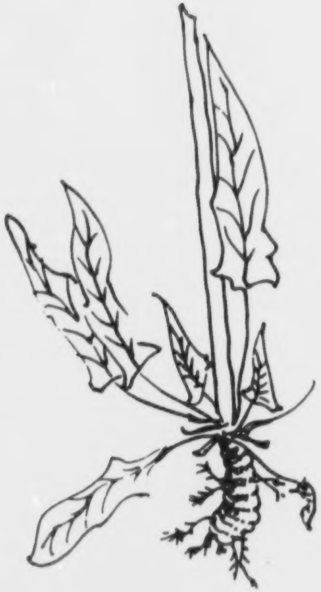
Leader Nutrients: Vitamin A, Vitamin C



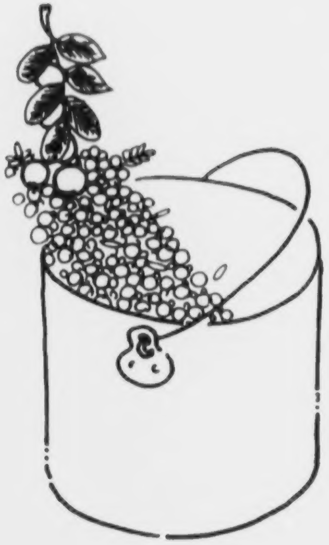
Seaweed



Clover



Dock

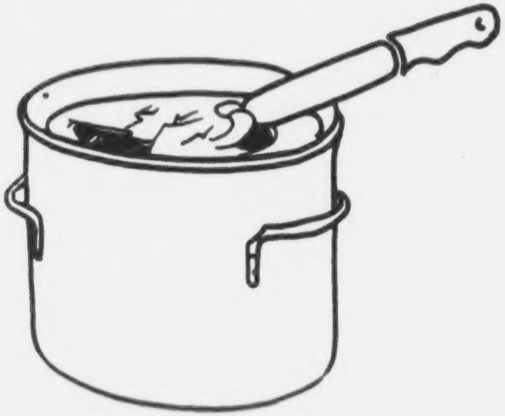


Berries

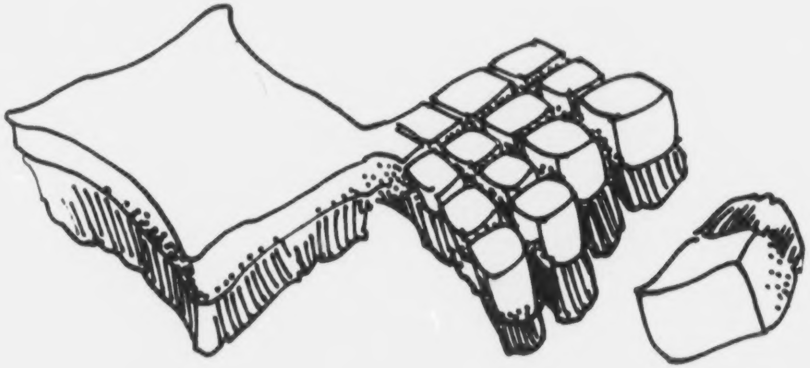
N30

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

Leader Nutrients: Vitamin A, Vitamin C



Seal Fat



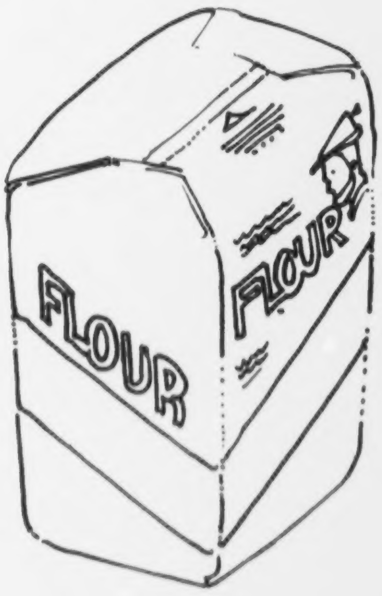
Muktuk

Even though these foods come from animals they are part of the Fruit and Vegetables Group because of their high vitamin content.

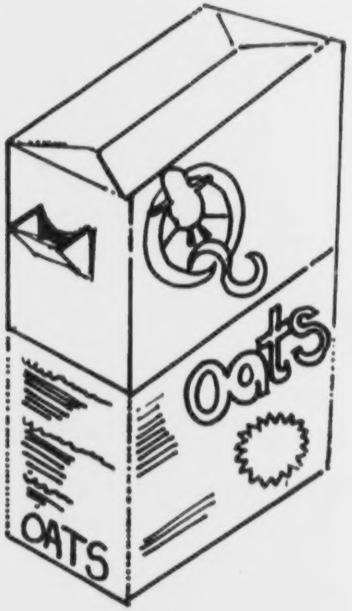
N31

COUNTRY FOODS FROM THE BANNOCK, BREAD AND CEREAL GROUP

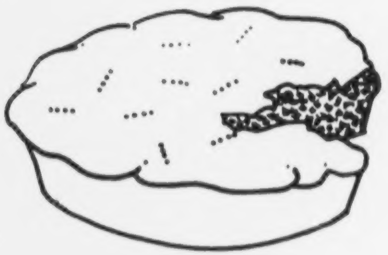
Leader Nutrient: Carbohydrates for Energy


FLOUR
FLOUR

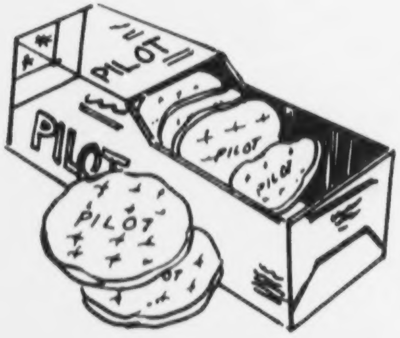
Flour



Oats



Bannock

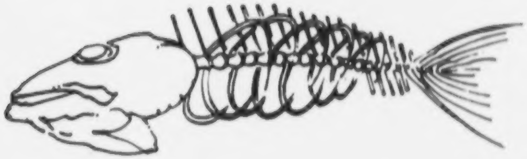

PILOT
PILOT
PILOT
PILOT
PILOT

Pilot Biscuits

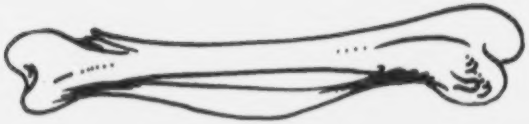
BEST COPY AVAILABLE

COUNTRY FOODS FROM THE MILK AND MILK SUBSTITUTES GROUP

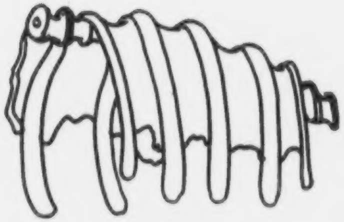
Leader Nutrient: Calcium



Fish Head and Bones



Leg Bone



Rib Bones

Even though these foods may seem like meat sources, they are part of the Milk and Milk Substitute Group because of their high calcium content.

N33

MEAL NAMES AND TIMES

Students may eat at different times depending on the circumstances within the home.

In homes where one or more adults work (in the wage economy), and where there are school age children it is likely that students will eat a:
morning meal - or breakfast
noon meal - or lunch
evening meal - or supper/dinner
- snacks

(The terms morning meal, noon meal and evening meal are English translations of the corresponding terms in Inuinaktun, and are similar in other native languages.)

However some students may eat at other times. In some homes, food is always available and people eat continuously throughout the day, without having main meals. Not everyone eats main meals before school, at noon hour and after school/work.

What is important is that people follow the N.W.T. Food Guide, in terms of recommended numbers of daily servings and sizes of these servings. If people snack continuously, it is important that these snacks be nutritious, and include varied food items from each food group. It is also important that students start the day with nutritious food. This gives them the energy they need for work and play and aids their concentration.

WHY IT IS IMPORTANT TO START THE DAY WITH NUTRITIOUS FOOD

Many reasons are often given for skipping a morning meal. However, this is the most important food of the day. It ensures quick energy to start the day and lasting energy to carry out morning activities.

It can be any combination of foods, either solid or liquid, that supplies the nutrients needed by our bodies.

People who do not start the day with nutritious food usually fall victim to hunger pangs around coffee break time and opt for nutritionally-poor snacks such as doughnuts. They may soon get into the habit of eating high-calorie snacks, a practice which can lead to being overweight. Children who do not start the day with nutritious food have poor listening skills and are unable to concentrate on their work for long periods of time.

Nutritionally adequate food has the staying power to prevent hunger until the next meal, thus discouraging midmorning snacks and lunchtime extras. A nutritious morning meal consists of food from at least three of the four food groups.

Ref.: Nutrition Communications, Kellogg Salada Canada Inc.

NON-NUTRITIOUS FOODS

Not all available foods can be classified into the four food groups. Such foods contain too few nutrients and/or too much sugar, salt and fat which can contribute to poor health. Other than providing energy (calories or joules), these foods have very few nutrients to help our bodies grow and be healthy.

The following two types of food do not belong in any group of the N.W.T. Food Guide:

1. Foods with very few nutrients, e.g., ordinary and diet soft drinks and gum, which are usually fabricated, i.e., they do not come directly from nature and often contain unnecessary additives; these foods do little to build a strong body;

2. Foods such as potato chips, processed meats and chocolate bars which suffer nutritionally because processing removes many useful nutrients and leaves only those nutrients, e.g. sugar, fat and salt, which can be unhealthy when consumed in excess; they do little to build or maintain a strong body, and often contribute to tooth decay, obesity or high blood pressure.

The following foods in particular are often considered healthy when in fact they contain large amounts of sugar, fat or salt. They do not belong to any food group:

— whipping cream, cereal cream and sour cream, although they are dairy products, they do not belong to the Milk Group because they contain very little calcium or protein and are high in fat;
— non-dairy beverage whiteners, e.g., Coffeemate, even though they look like milk in coffee and tea, do not belong to the Milk Group because they contain no milk, but mostly sugar and oils;
— canned meats, e.g., Klik, Spam, bologna, side bacon and wieners do not belong to the Meat Group because they contain very little protein and Iron and are high in salt and fat;
— fruit drinks, fruit pop, Fruit Roll-ups, fruit jam, jelly and Jello do not belong to the Fruits and Vegetables Group because they are all high in sugar and contain very few vitamins;
— doughnuts, sweet buns, cookies and cakes have all the nutrients of the flour or cereal used in their baking, however they also contain extra fat and sugar. Sweetened cereals are sometimes enriched, and therefore contain nutrients, however they have a high sugar content.

These foods are sometimes referred to as "extras". The N.W.T. School Health Program has avoided use of this term and instead labelled them as foods which do not belong to any food group.

SNACKS

In the N.W.T. School Health Program "snacks" refer to foods eaten between main meals. They may be either nutritious (belonging to one of the four food groups) or non-nutritious (not belonging to a food group), depending on the food eaten.

Snacking habits vary greatly among families and cultures. In some families food may be more or less continuously available for eating between meals. In others, eating between meals may be discouraged. The teacher should be sensitive to this and try to determine what snacking habits his/her students have.

It is important, however, that all snacks are nutritious and are included as part of the recommended daily servings.

IMPACT OF SNACKING ON NUTRITIOUS MEALS

Nutritious meals are defined as those where there is at least one serving from each of the four food groups. The exception is breakfast which requires servings from only three food groups.

This concept of nutritious meals is based on the practice of very little snacking. If, in fact, students snack a lot (on nutritious foods) then they would not eat servings from each food group at each meal. Students should look at their daily food intake to determine if they are eating nutritiously recommended daily servings.

Milk and milk substitutes - 4 servings
Meat, fish, birds and eggs - 2 servings
Bannock, bread and cereal - 3 - 5 servings
Fruit and vegetables - 4 - 5 servings

Again, it is important to emphasize the need for nutritious food to start the day.

SNACK GUIDE

Food Group	Eat Anytime!	Eat Only With Meals and Brush Teeth Afterwards	Don't Snack on Regularly	Avoid These Snacks!
Milk and milk substitutes (Blue Group)	Plain milk, plain yogurt, cheese, soft ends of bones, soft fish bones	Milk puddings,ice cream, milkshakes, sweetened yogurt, strawberry milk, chocolate milk		
Meat, fish, birds and eggs (Red Group)	Country meats, store meats, dried meat, fish, wild birds, fish eggs, nuts and seeds, hardcooked eggs, peanut butter			
Fruits and vegetables (Green Group)	Raw berries, fruits, vegetables, salads, vegetable soup, seaweed, unsweetened fruit and vegetable juice, animal stomach contents	Raisins, dried fruit, sweetened fruit, sweetened fruit juice, unsweetened fruit leather		
Bannock, bread and cereal (Orange Group)	Bannock, enriched and whole grain breads and muffins, crackers, unsweetened cereals, plain popcorn	Granola bars, homemade; low sugar, granola, whole grain cookies		Presweetened cereal
Other foods (foods in more than one group and foods not in the Food Guide)	Pizza, clear soups, sandwiches (meat, cheese, eggs or peanut butter) hamburgers		Pretzels, buttered/ salted popcorn, potato chips, cheesies, sugar-free soft drinks, sugar-free gum	Regular soft drinks (pop), honey, jam, jellies, chocolate bars, cookies, candies, regular gum, breath mints, popsicles, sweet buns, doughnuts. "Drink" crystals (Tang), fruit roll-ups

N36

A VARIETY OF HEALTHY SNACK FOODS

FRUITS AND VEGETABLES

Unsweetened fruit or vegetable juice (the word "juice" must be on the label); raw fruit and vegetable pieces; canned fruits that are unsweetened or packed in their own juices; fruit juice popsicles; wild berries; wild vegetables.

MILK AND MILK PRODUCTS

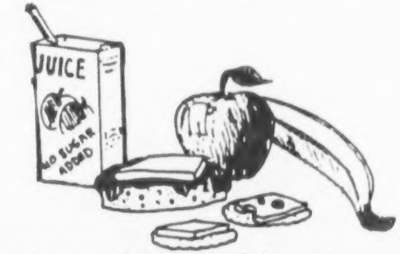
Homo milk, evaporated, UHT; 2% of skim milk, or reconstituted skim milk powder or a combination; low fat cheese; cheese or cottage cheese; plain yogurt; plain yogurt with fresh fruit or juice added; soft ends of bones to chew on.

BREAD AND CEREALS

Bannock; crackers, pilot biscuits, etc.; unsweetened dried cereals; cooked cereals; whole wheat bread or toast; enriched white bread or toast; fruit or whole grain muffins or loaf; homemade cookies — oatmeal, peanut butter.

MEAT AND ALTERNATIVES

Wild game — raw, fresh, frozen, cooked or smoked; fish — canned, fried, frozen or smoked; hard cooked egg; peanut butter; nuts and seeds — sunflower and pumpkin; cheese; meat — sliced, cold, cooked, canned, dried, smoked.



COMBINATION SNACKS

Bannock with peanut butter, cheese, berries, raisins, etc.; celery sticks with peanut butter or cheese; mini pizza (English muffin or roll with tomato or spaghetti sauce and cheese); peanut butter on toast or bread; cheese on toast or bread; cheese and crackers; cheese and fruit; raw fruits or vegetables with a yogurt dip; cereal with milk and fruit.

Snacks can be served with unsweetened fruit juice or milk as a beverage. To quench thirst, water is the best!

Material for Teacher Background Information is adapted from: N.W.T. Food Guide (Teaching Guide): Regional Nutritionist, Medical Services Branch, N.W.T. Region; Nutrition Month Kits (1985 - 1988): Nutrition Liaison Committee of the N.W.T., Medical Services Branch, N.W.T. Region.

KINDERGARTEN

DENTAL HEALTH

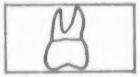
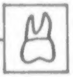
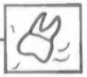
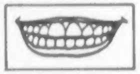
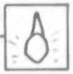
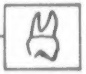
DENTAL HEALTH

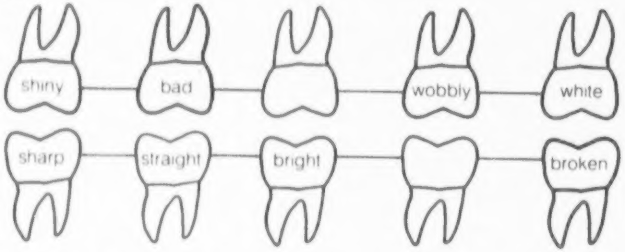
KINDERGARTEN LESSON: 1 THEME: STRUCTURE AND FUNCTION

CONCEPT: PEOPLE DEVELOP TWO SETS OF TEETH IN THEIR LIFETIME

PREPARATION:
1. Several hand mirrors or large mirror
2. Pocket chart and sentence strips for Student Activity 3
3. Prepare a class set of the 'My Tooth' worksheet (Activity Sheet D1)
4. A copy of 'The New Tooth' song (Activity Sheet D2)
5. Prepare a class set of the 'Johnny's New Tooth' worksheet (Activity Sheet D3)

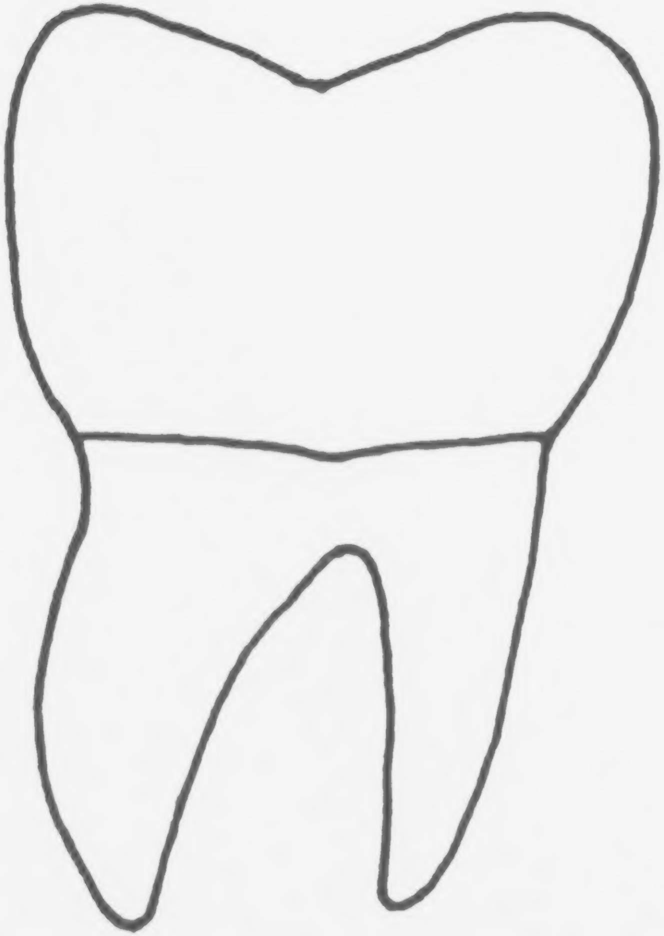
VOCABULARY: tooth, teeth, white, sharp, wobbly, crooked, missing, hard, fell out

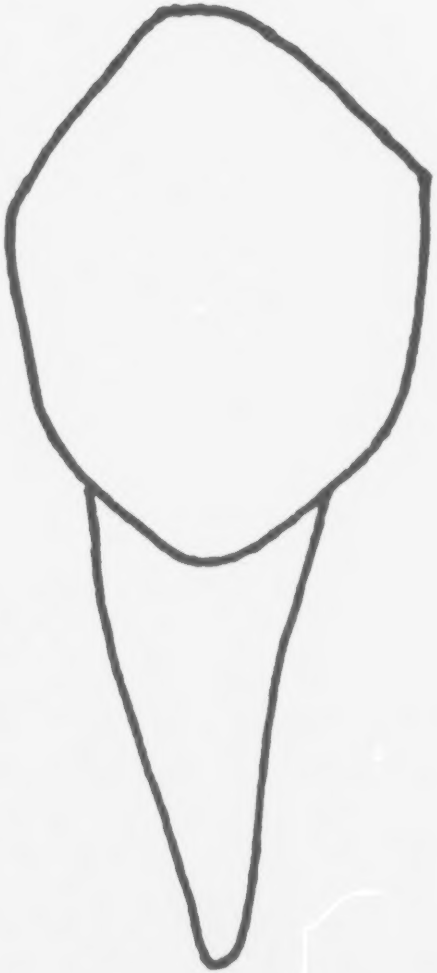
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe primary and permanent teeth	Students: 1. Look at their own teeth in a small handmirror.	Background Information: Page D25 to D32 Have students look at their own teeth in the mirror.
	2. Look at a classmate's teeth.	Divide students into pairs. Have students look at their partner's teeth.
	3. Describe their teeth.	Have students respond using the sentence patterns: My tooth  is broken , wobbly  My teeth  are white , sharp 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Make a set of teeth mobile.	Refer to Activity Sheet D1. Have students cut out a tooth shape and write one word on it that describes their teeth.  shiny bad wobbly white sharp straight bright broken String the teeth together to make a class mobile.
	5. Look at an adult's teeth.	Have students compare their teeth to an adult's teeth. Adults have more teeth than children do and are likely to have more fillings. An adult's teeth are also bigger.
ii) explain that primary teeth are replaced by permanent teeth	6. Describe what happens to their first set of teeth.	Ask students if any of them have ever had a tooth which has fallen out. Discuss. Explain that the first set of teeth are 'baby' teeth. They fall out and are replaced by new teeth.
	7. Look at a baby tooth which has fallen out and a new tooth.	Prior to class, ask students if any of them still have a baby tooth. Ask them to bring it to class so that other students can look at it. Also, look for a student who has a new tooth growing in. Examine it too.
	8. Sing 'The New Tooth Song'.	Refer to Activity Sheet D2.
	9. Complete 'Johnny's New Tooth' worksheet.	Refer to Activity Sheet D3. Have students draw in a new tooth for Johnny.

MY TOOTH

D1





THE NEW TOOTH SONG

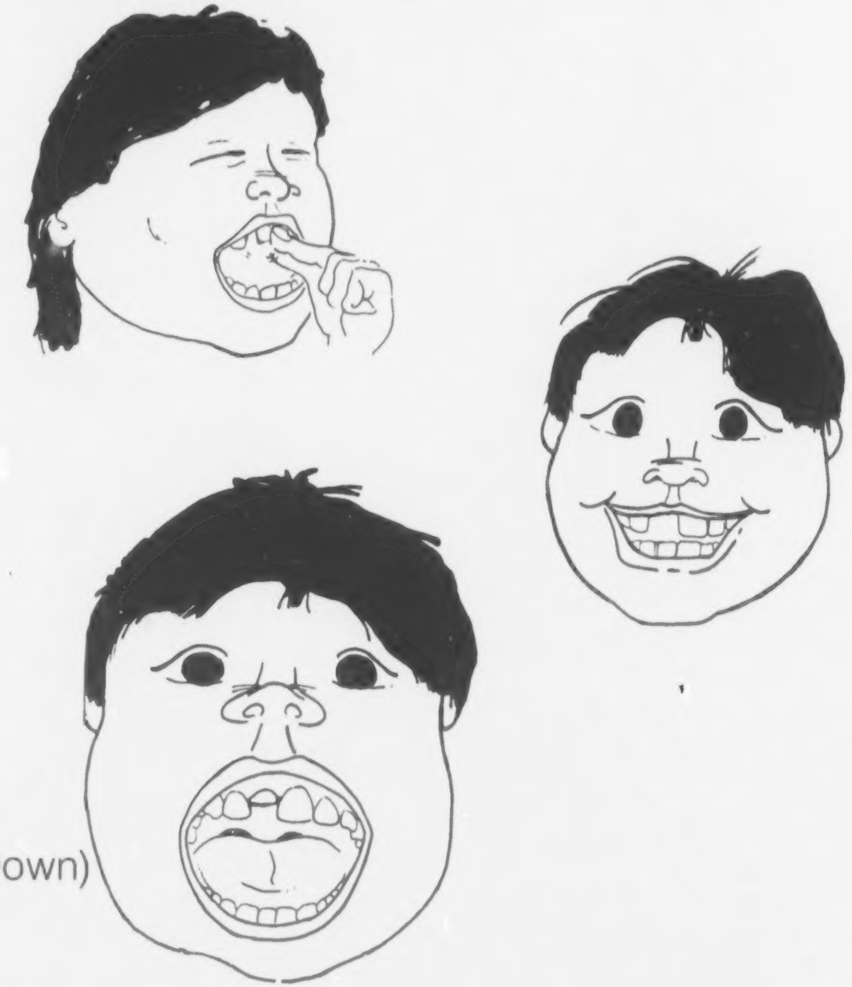
Once I had a wobbly tooth
Wobbly tooth
Wobbly tooth
Once I had a wobbly tooth
Growing in my mouth.

Then one day my tooth fell out
Tooth fell out
Tooth fell out
Then one day my tooth fell out
Out of my mouth.

Now I have a small new tooth
Small new tooth
Small new tooth
Now I have a small new tooth
Growing in my mouth.

(Tune: London Bridge Is Falling Down)

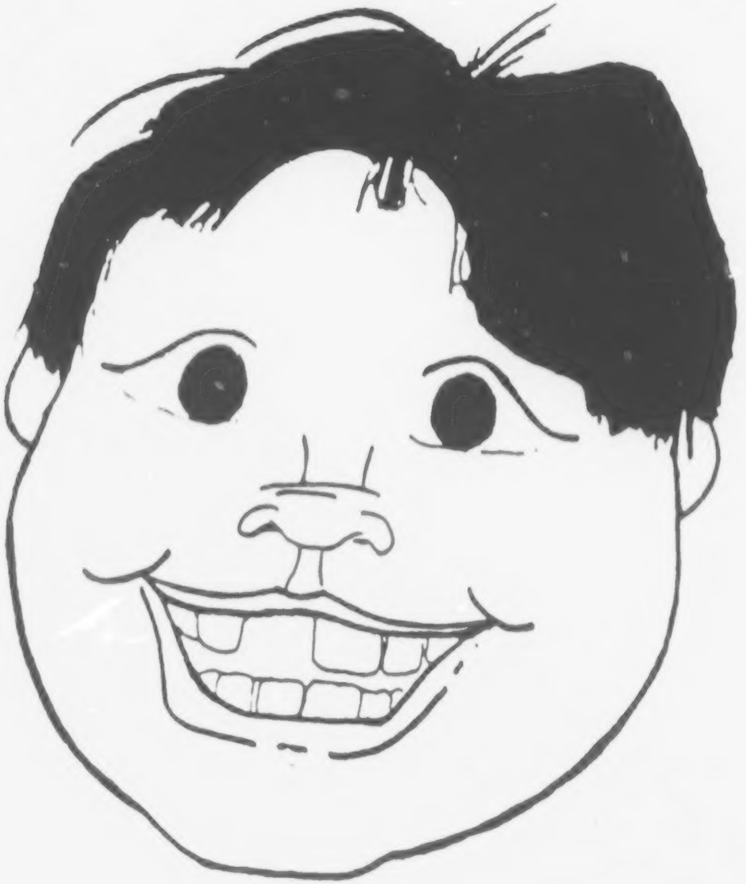
Helen Balanoff



JOHNNY'S NEW TOOTH

D3

Give Johnny a new tooth.



DENTAL HEALTH

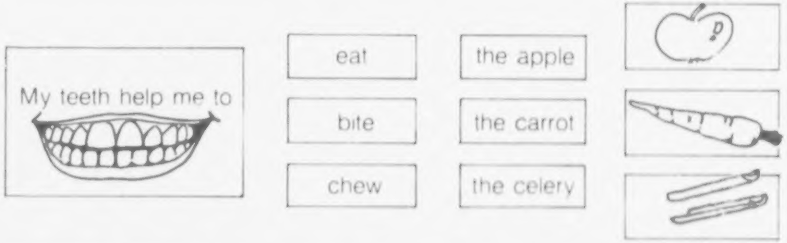
KINDERGARTEN LESSON: 2 THEME: STRUCTURE AND FUNCTION

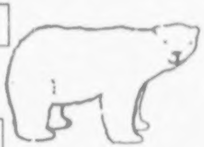
CONCEPT: TEETH HAVE MANY FUNCTIONS

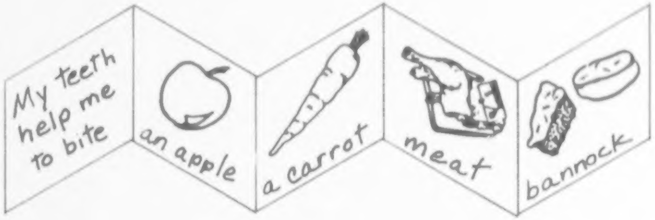
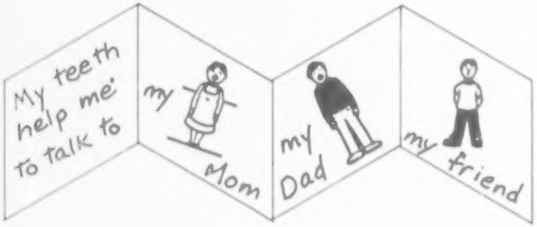
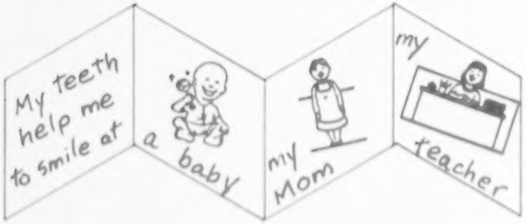
PREPARATION:

1. A crunchy snack food for the class e.g., apples, carrots, celery
2. A pocket chart and sentence strips
3. Pictures or objects which have the sounds "th", "t", or "l" in their names
4. Materials for a big zigzag book

VOCABULARY: bite, chew, eat, talk, smile

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe the functions of the teeth	Students: 1. Eat a crunchy snack food. 2. Describe how teeth help them to eat the apple.	Background Information: Page D25 to D32 Give students a crunchy snack to eat e.g., carrot, apple, celery Ask them to describe how their teeth helped them to eat the apple etc. Have students respond using the sentence pattern:  My teeth help me to eat bite chew the apple the carrot the celery

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Say words which can only be said properly by using the teeth.	Have students say words which require use of the teeth for proper pronunciation. (Words with the sound 't', 'th', or 'l'.) - teeth - thumb - lucky - class - talk Feel their tongue touching their teeth.
	4. Describe how teeth help them to say certain sounds.	Provide students with some pictures or objects which have the sounds 't', 'th', or 'l' in their names. Have students choose an object, then sit in a circle with their object or picture. They have to take turns completing the following sentence pattern: My teeth help me to say — polar bear  Other students repeat the sentence: Her/his teeth help her/him to say — polar bear
	5. Smile at each other.	Divide students into pairs. Have students smile at their partner.
	6. Describe how teeth help their appearance.	Ask them how their teeth help the way they look. Have students respond using the same sentence pattern: My teeth help me to smile The concept, which is being simplified here, is that teeth and gums help form the structure and shape of a person's face. When teeth are missing, the structure and shape are altered.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Make the 'My Teeth Help Me' book.	Divide the students into three groups. Each group has to make a big zigzag book showing one function of the teeth e.g.,  My teeth help me to bite an apple a carrot meat bannock  My teeth help me to talk to my Mom my Dad my friend  My teeth help me to smile at a baby my Mom my teacher Read the books to the whole class.

DENTAL HEALTH

KINDERGARTEN LESSON: 3 **THEME: ORAL HYGIENE**

CONCEPT: REGULAR USE OF ORAL HYGIENE SKILLS PROMOTES DENTAL HEALTH

PREPARATION:

1. Collect a number of samples of toothbrushes and toothpastes
2. A pocket chart and sentence strips
3. Prior to the lesson, invite a dental therapist, if available, to demonstrate effective toothbrushing
4. A large dentiform model and toothbrush
5. Enough toothbrushes and toothpaste for each student
6. A copy of the 'This Is The Way We Brush Our Teeth' song (Activity Sheet D4)

VOCABULARY: toothbrush, toothpaste, brush, clean

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) demonstrate proper toothbrushing skills	Students: 1. Explain what a toothbrush and toothpaste are used for.	Background Information: Page D25 to D32 Proper daily toothbrushing is one of the best preventive measures a person can take to maintain oral health. Show students a number of samples of toothbrushes and toothpastes. Ask students what these are used for. Have them respond using the sentence pattern: We use a toothbrush to clean our teeth We use a toothbrush to clean our ______ We use a toothbrush to clean ______ ______ We use a toothbrush to ______ ______ We use a toothbrush ______ ______ ______ ______ etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Repeat using 'toothpaste'.
		Repeat using 'toothbrush and toothpaste'.
	2 Observe a demonstration on proper toothbrushing	Prior to the lesson, invite a dental therapist, if there is one in your community, to visit the class to demonstrate proper toothbrushing. (If there is no dental therapist available, demonstrate yourself. A large dentiform model and toothbrush are helpful.)
	3 Practise brushing their teeth	Distribute a toothbrush to each student and have him/her practise proper toothbrushing.
		Encourage students to have their parents help them daily with their dental practices at home.
	4 Sing the 'This Is The Way We Brush Our Teeth' song	Refer to Activity Sheet D4
		Have students perform appropriate actions for each verse

THIS IS THE WAY WE BRUSH OUR TEETH

D4

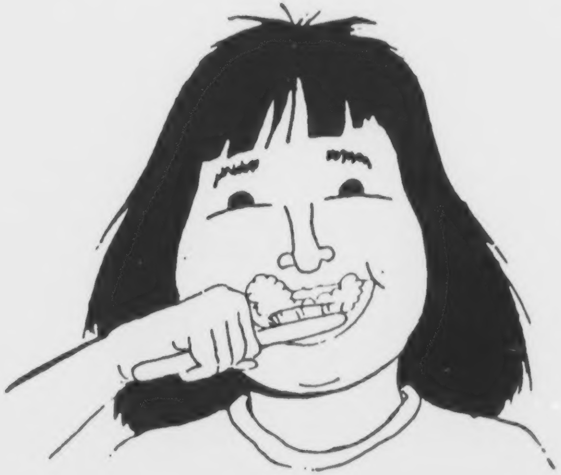
This is the way we brush our teeth
Brush our teeth
Brush our teeth
This is the way we brush our teeth
Every single day.

We gently brush them up and down
Up and down
Up and down
We gently brush them up and down
Every single day.

We gently brush them round and round
Round and round
Round and round
We gently brush them round and round
Every single day.

We count to ten and brush each tooth
Brush each tooth
Brush each tooth
We count to ten and brush each tooth
Every single day.

(Tune: Here We Go Round The Mulberry Bush



DENTAL HEALTH

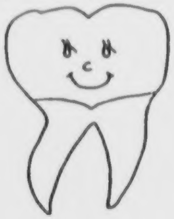
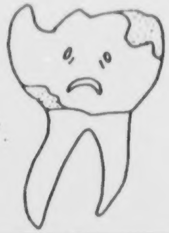
KINDERGARTEN **LESSON: 4** **THEME: FACTORS AFFECTING DENTAL HEALTH**

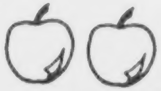
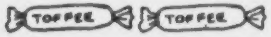
CONCEPT: THE FOOD WHICH PEOPLE EAT AFFECTS THEIR DENTAL HEALTH

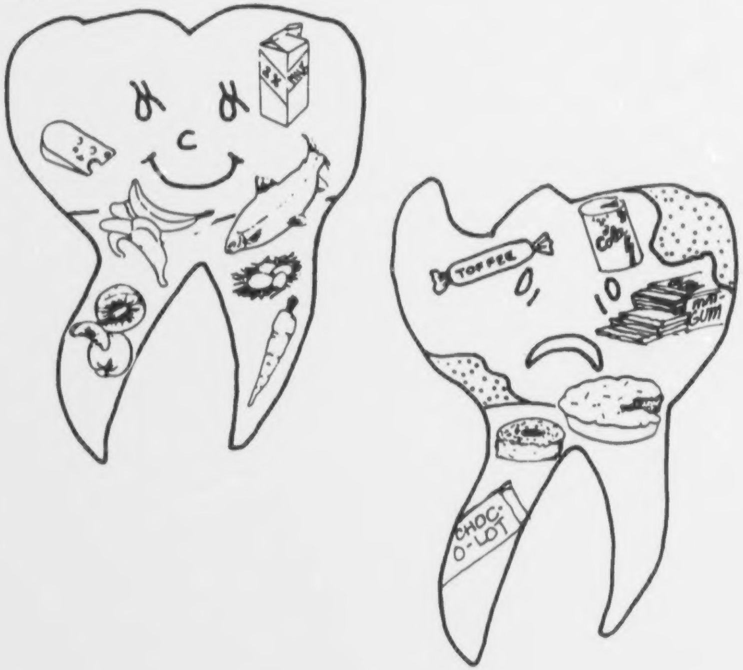
PREPARATION:

1. Collect a number of different food items, labels or pictures - some dentally safe; some dentally unsafe
2. A happy and a sad tooth
3. Prepare a class set of the Finger Puppets (Activity Sheet D5)
4. Magazines, glue, etc. for class collage

VOCABULARY: like, don't like

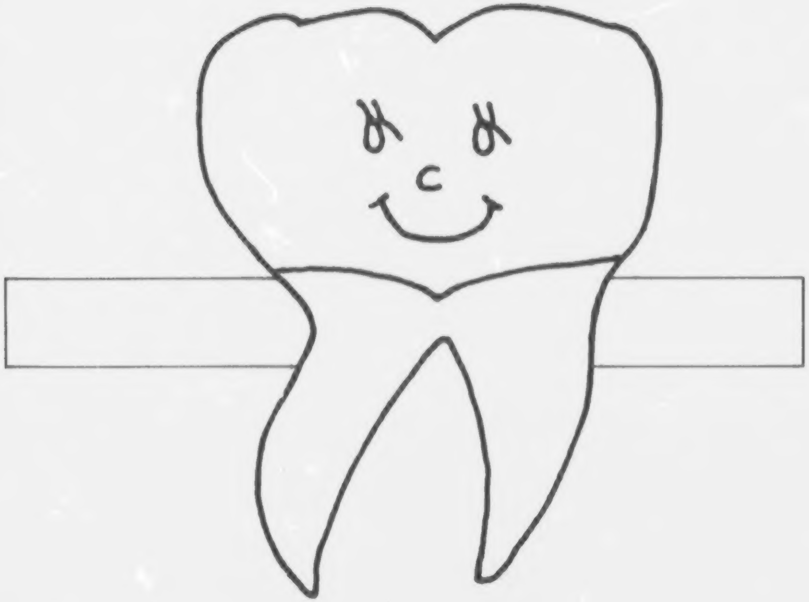
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify dentally safe and dentally unsafe food	Students: 1. Classify foods into 2 groups - those which are dentally safe and those which are dentally unsafe.	Background Information: Page D25 to D32 Arrange a number of different food items or labels or pictures on a table. Have students classify them into two groups - those which are good for their teeth (dentally safe) and those which are not (dentally unsafe). Dentally safe foods can be identified by a 'happy tooth';   dentally unsafe foods by a 'sad tooth'.

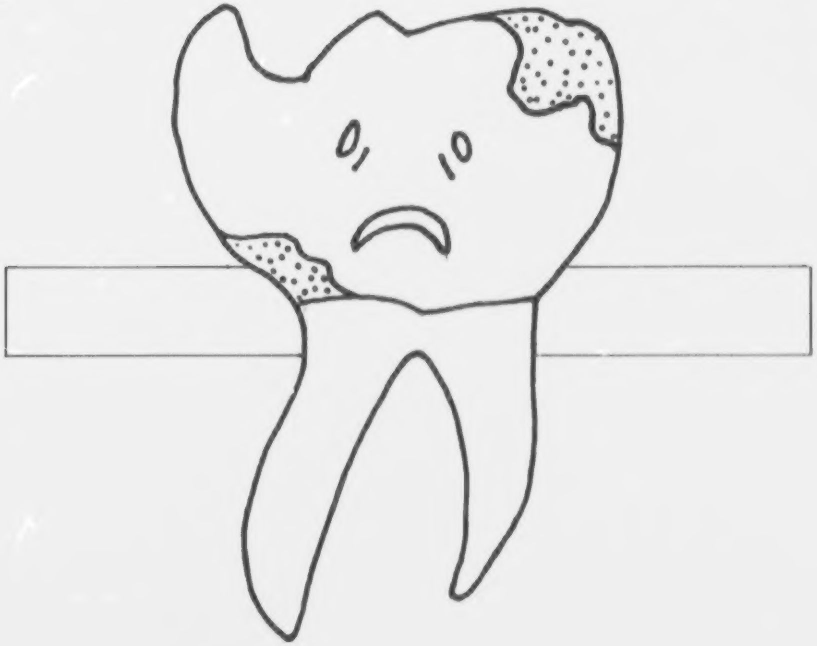
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Dentally safe foods are: - low in sugar e.g., apple - not sticky carrots meat Dentally unsafe foods are: - high in sugar e.g., candy - sticky cakes donuts
	2. Identify dentally safe and dentally unsafe food.	Refer to Activity Sheet D5. Have students make two finger puppets - one happy and one sad. The teacher should hold up a food item or label or picture. Students have to hold up the appropriate finger puppet for each food item. Use the sentence pattern:  are good for my teeth  are bad for my teeth Emphasize that dentally unsafe food should only be eaten in moderation and students should brush their teeth afterwards.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Make a class collage of dentally safe and dentally unsafe foods.	Make two huge teeth - one happy and one sad. Have students cut out pictures from magazines or find food labels. Have them stick them on the appropriate tooth.  Display.

FINGER PUPPETS

D5





KINDERGARTEN

TEACHER BACKGROUND INFORMATION

DENTAL HEALTH

DENTAL DECAY

The strange thing about dental decay is that it is so prevalent when so much is known about its causes and prevention.

There is no doubt that dental decay is a bacterial disease and is specifically related to the activity of dental or bacterial plaque which forms on teeth. If the teeth are thoroughly cleaned, this bacterial film or plaque will reform within 24-36 hours. The plaque progressively thickens if left undisturbed for several days, and in some areas of the mouth may become covered by food debris. Much of this food debris can be removed by rigorous mouth rinsing with water, but the plaque itself is only removed by brushing and flossing. The particularly damaging property of dental plaque is the ability of the bacteria to thrive on dietary sugar and to rapidly produce acids which can dissolve the tooth material.

It is apparent that diet is an important factor in decay. The typical Canadian diet is high in refined carbohydrates, and is highly conducive to dental decay. Sticky candies or confections which adhere to the teeth or hard candies which are kept in the mouth for long periods of time are particularly damaging since they provide sugar to the plaque, and hence destructive acids, for a prolonged period of time. It is the food remaining in the mouth that is important to plaque activity. Hence, regular and thorough removal of food and plaque could theoretically eliminate the decay-producing activity of the diet. In reality, it would be dangerous to rely completely on oral hygiene for the prevention of dental decay.

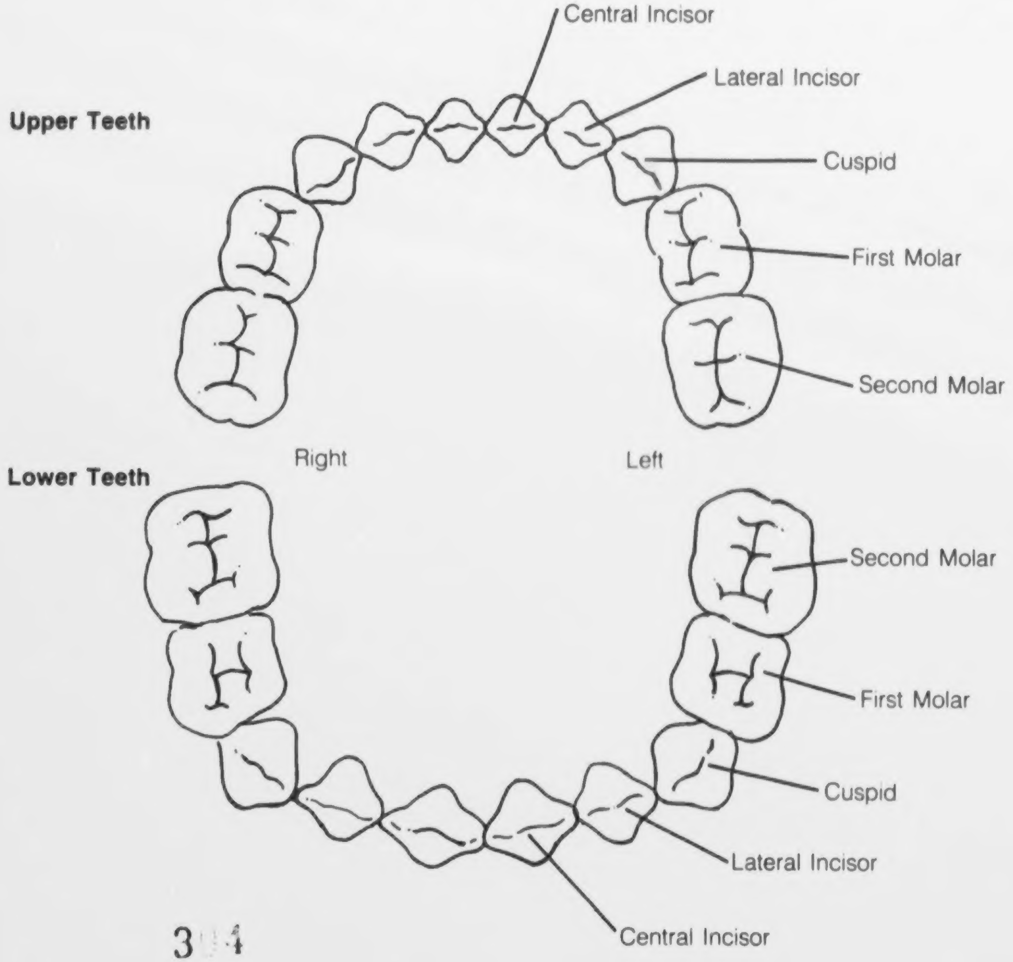
The role of heredity in dental disease is not well understood. Despite seemingly inherited bad gums or proneness to decay, personal neglect and poor quality dentistry are leading causes of poor teeth. Experience does indicate that some mouths are more prone to decay than others, but not because of so-called soft teeth. People who believe they have soft teeth often despair of their chances to keep their teeth. This despair is often associated with poor oral hygiene, dental neglect, faulty nutrition, or experience with poor-quality dentistry. With good home care, regular dental visits and the conscientious application of the principles of modern dentistry, most people should be able to enjoy a healthy mouth and retain their teeth for their lifetime.

Good oral hygiene (proper brushing after each meal and brushing and flossing prior to going to bed) is difficult enough for adults to establish; for children, it is doubly difficult. Not only do young children lack the dexterity to brush and floss their teeth properly, but the benefits of such skills would be considerably reduced in the typical young "continuous eater". Parents should not only assist their young children in the brushing technique and floss their children's teeth up to about age 8, but should strive to keep the snack habit to the minimum, particularly of foods and drinks containing sugar. In lunches or at snack time children should not be given hard or sticky treats such as lollipops or toffee having sugar that remains in the saliva for a long time.

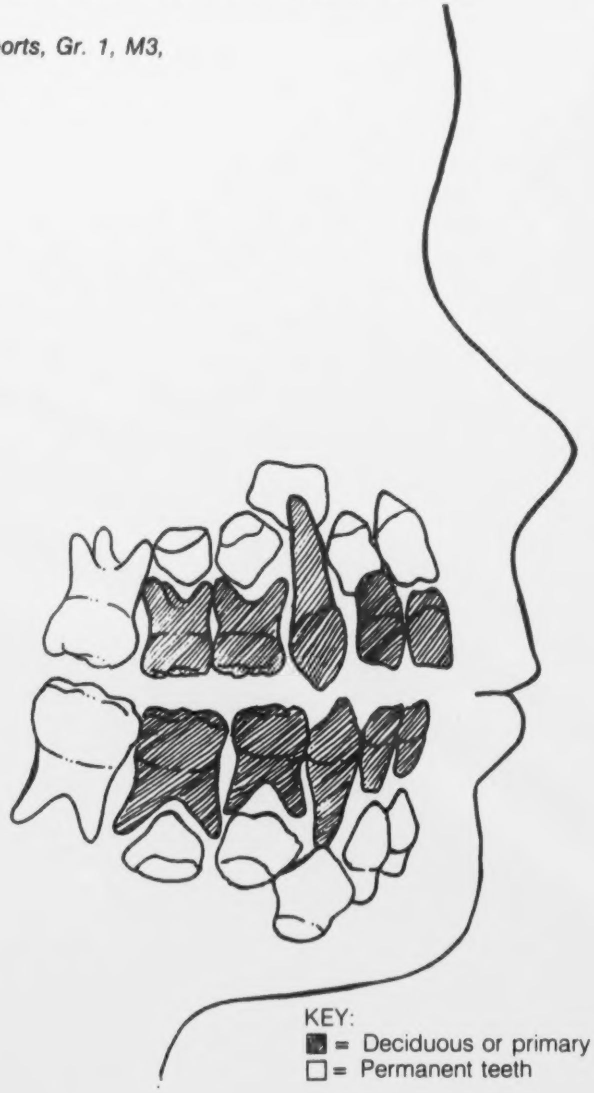
Adapted from 'Dental Health: A Teacher's Guide K-12,' Health and Welfare Canada

PRIMARY (BABY) TEETH

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986


Upper Teeth
Central Incisor
Lateral Incisor
Cuspid
First Molar
Second Molar
Right
Left
Lower Teeth
Second Molar
First Molar
Cuspid
Lateral Incisor
Central Incisor

LOCATION OF TEETH AT 6 YEARS OF AGE

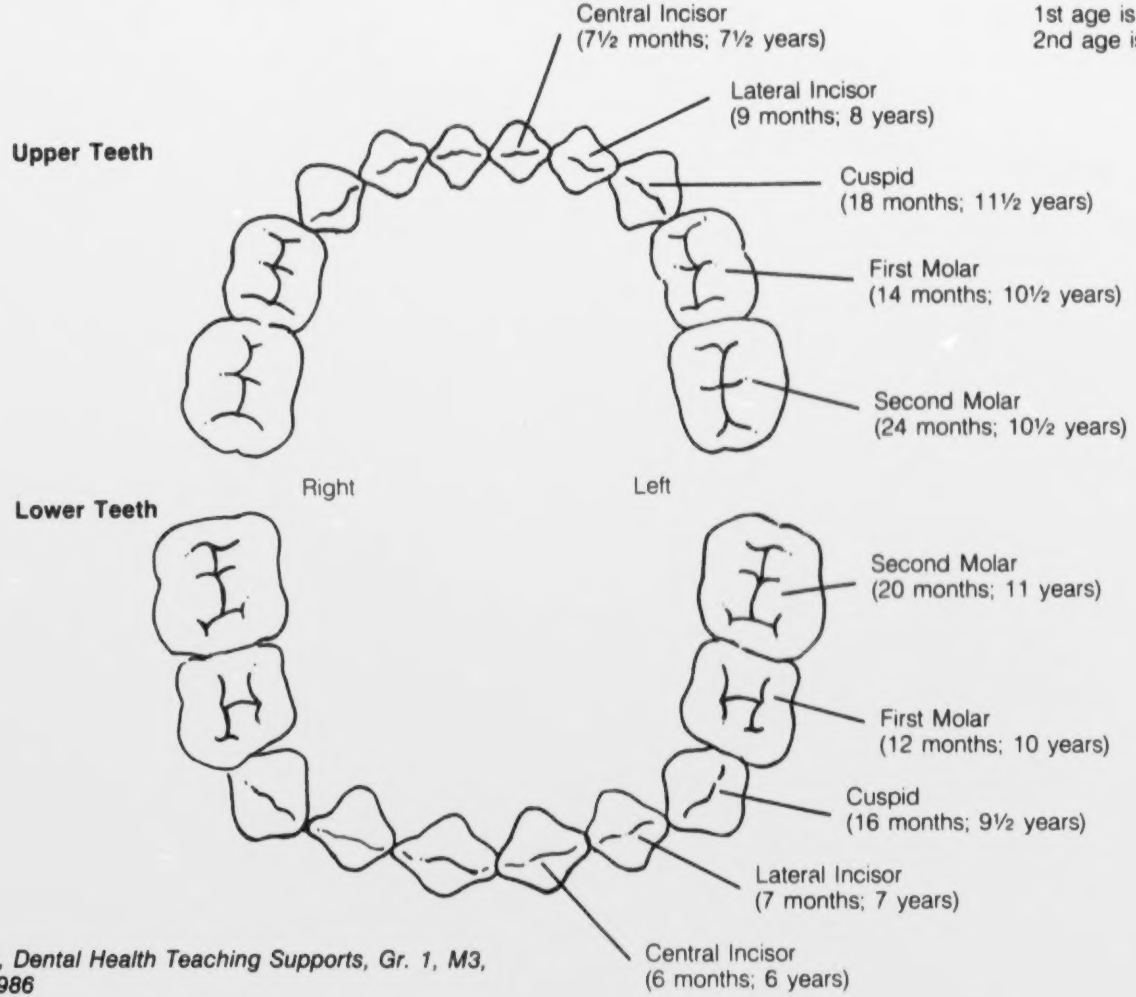


KEY:
▨ = Deciduous or primary teeth
☐ = Permanent teeth

AGE SCHEDULE FOR PRIMARY TEETH

PRIMARY (BABY) TEETH

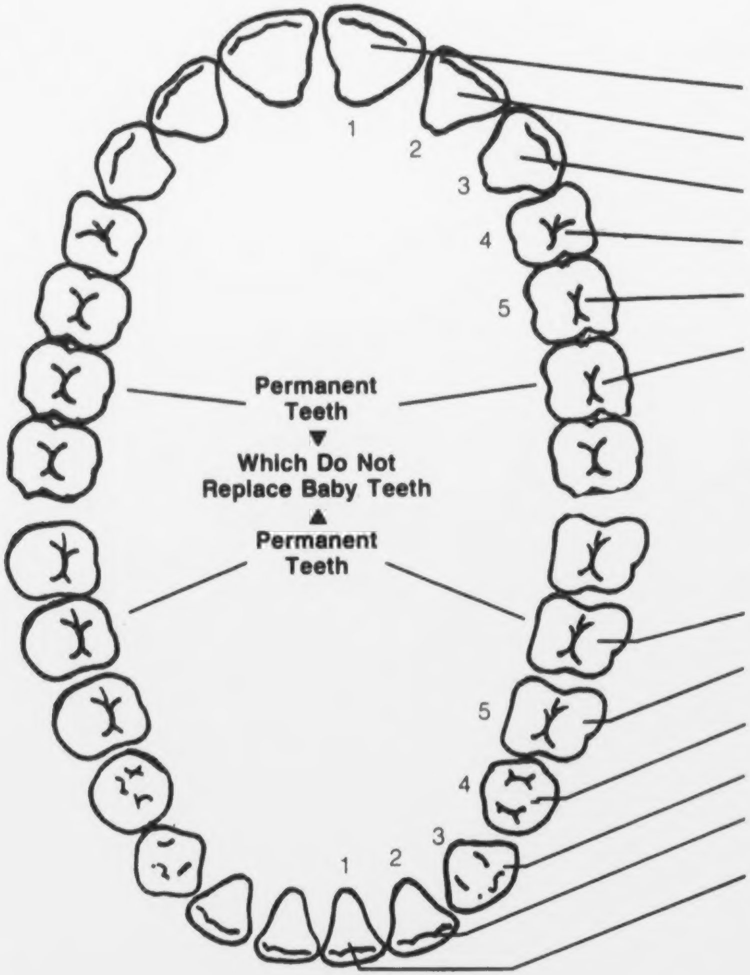
1st age is when tooth erupts (comes in)
2nd age is when tooth sheds (falls out)


Upper Teeth
Central Incisor
(7½ months; 7½ years)
Lateral Incisor
(9 months; 8 years)
Cuspid
(18 months; 11½ years)
First Molar
(14 months; 10½ years)
Second Molar
(24 months; 10½ years)
Right
Left
Lower Teeth
Second Molar
(20 months; 11 years)
First Molar
(12 months; 10 years)
Cuspid
(16 months; 9½ years)
Lateral Incisor
(7 months; 7 years)
Central Incisor
(6 months; 6 years)

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986

AGE SCHEDULE FOR PERMANENT TEETH

(Teeth numbered 1 to 5 replace baby teeth)


1
2
3
4
5
Permanent Teeth
▼
Which Do Not Replace Baby Teeth
▲
Permanent Teeth
5
4
3
1
2

Year That Teeth Come In

7-8 years (Central Incisor)
8-9 years (Lateral Incisor)
11-12 years (Cuspid)
10-11 years (First Premolar)
10-12 years (Second Premolar)
5-7 years (First Molar)
12-13 years (Second Molar)
17-21 years (Third Molar)
17-21 years (Third Molar)
11-13 years (Second Molar)
6-7 years (First Molar)
11-12 years (Second Premolar)
10-12 years (First Premolar)
9-10 years (Cuspid)
7-8 years (Lateral Incisor)
6-7 years (Central Incisor)

Note: Bicuspid is another term for premolar.

DENTALLY SAFE FOOD and DENTALLY UNSAFE FOOD

- unsweetened fruit juice
- unsweetened vegetable juice
- raw vegetables and salads
- raw fruits
- nuts, seeds
- cheese
- plain milk
- plain yogurt
- enriched, whole wheat bread and bannock
- whole grain cereals
- crackers
- bran muffin
- pizza
- popcorn
- meats

- raisins, dried fruits
- ice cream, milkshakes
- sweetened juice and canned fruits
- flavoured yogurt
- chocolate milk
- puddings
- popsicles/fudgsicles/revelos
- sugar lumps
- cake
- candy
- jam
- chocolate bars
- cookies
- jelly, jam, honey
- soft drinks (sweetened)
- fruit drinks
- sweetened powdered drink mixes
- gum
- lozenges

* Teeth should always be brushed after eating sticky food.

TOOTHBRUSHING - REMOVAL OF PLAQUE

How to Brush

Toothbrushing disrupts and removes plaque from the inner, outer and top surfaces of the teeth.

Place the toothbrush inside the mouth with the bristles along the upper last two teeth pointing at a 45° angle toward the gum line. This ensures that the bristles cover both teeth and gum surfaces.

Vibrate the brush in a slight back and forth or circular motion directing gentle pressure towards the gums. This movement keeps the brush alongside the same two teeth and allows some of the bristles to clean the surfaces under the edge of the gums. Do not scrub!

Count to ten and then, move to the next group of teeth.

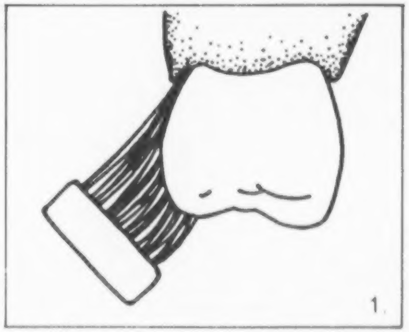
All inside and outside surfaces of teeth are cleaned in this way. The top surfaces of the back teeth are cleaned with a back and forth motion: the bristles directly on top of the teeth.

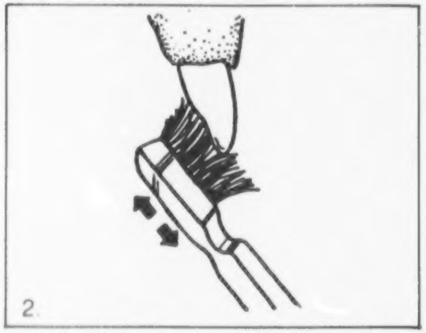
To ensure all surfaces are brushed, the same circuit is followed every time.

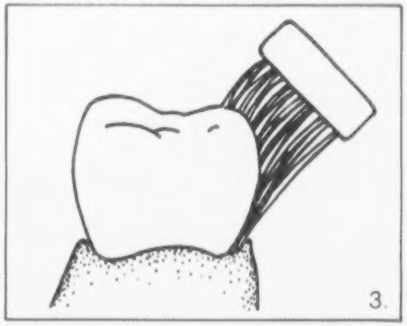
This is where toothbrushing should begin.

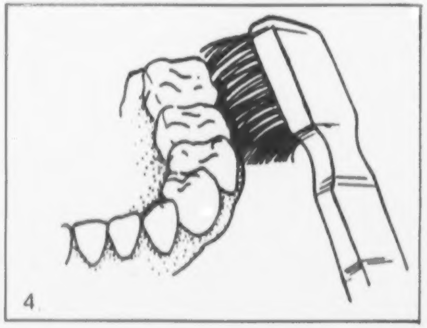
1. Position of brush for brushing upper inside back teeth.
2. Position of brush for brushing outside upper front teeth.
3. Position of brush for brushing lower inside back teeth.
4. Position of brush for brushing lower outside middle teeth.
5. Position of brush showing brushing of lower outside front teeth.
6. Position of brush showing brushing of top surface of back teeth.

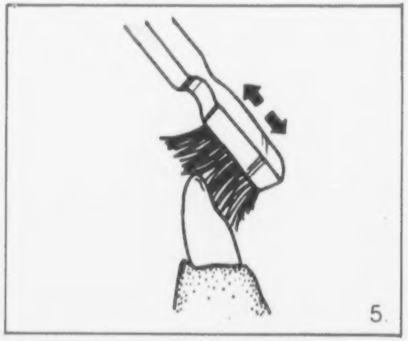
From: CDA, "Do It Yourself Oral Hygiene", 1981

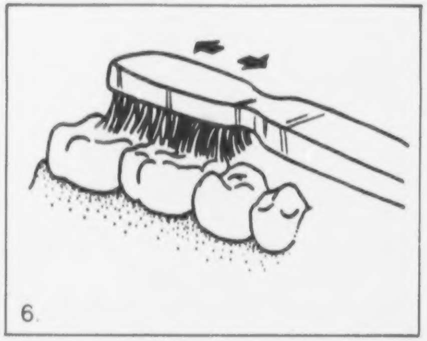












A BASIC TECHNIQUE FOR DAILY PLAQUE REMOVAL

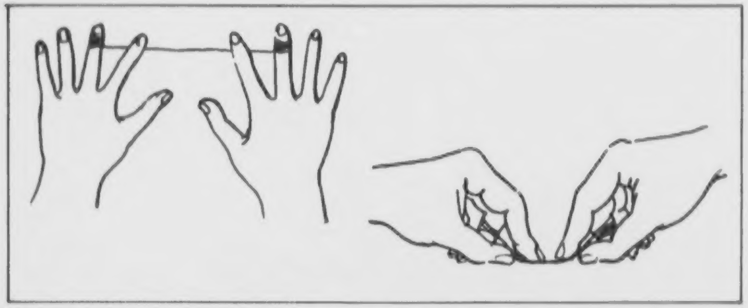
Flossing - Removal of Plaque

How to Floss

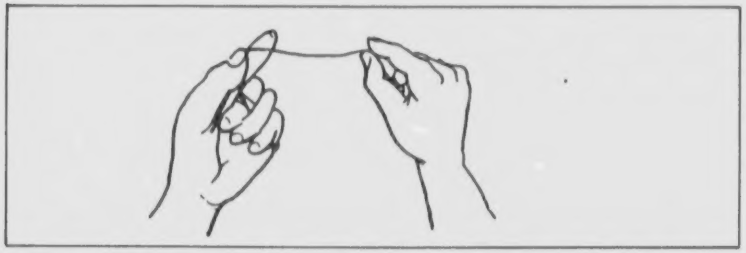
Flossing disrupts and removes plaque between the teeth and under the edges of the gums.

To floss properly, use about 46 cm of dental floss. Wind most of the floss around the middle finger of one hand and the rest around the middle finger of the other hand. This leaves about 8 cm free.

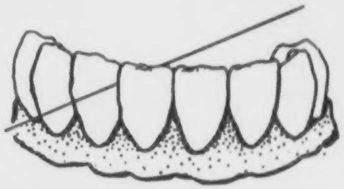
The free part of the floss is grasped with the thumbs and 1st fingers of each hand leaving about 2.5 cm as the 'working portion' of the floss.



When flossing lower teeth the floss is guided mainly by the 1st finger of each hand.



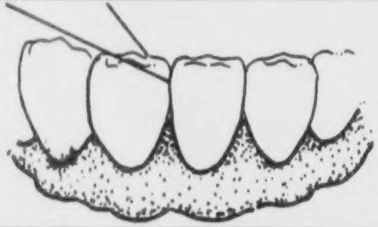
For upper teeth exert pressure with the thumb of one hand and the fore-finger of the other hand



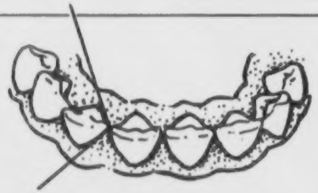
A gentle sawing motion is used to insert the floss between teeth. Curve the floss into a C-shape around the surface of one tooth and gently work the floss under the gums until a slight resistance is felt.

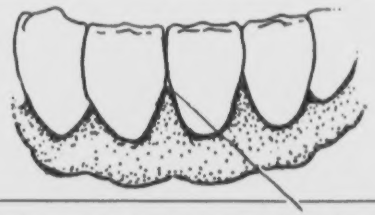
Holding the floss against the tooth in a C-shape, move the floss up and down several times.

Clearly shows the "c" shape that is necessary to attain.



(When all the plaque has been removed, the floss rubbing against the tooth often makes a 'squeaky-clean' sound.)





Repeat the procedure on the adjacent tooth surface at the same site.

This method is repeated on the remaining teeth starting on the upper right teeth and ending on the lower left teeth.

From CDA, "Do It Yourself Oral Hygiene", 1981

BEST COPY AVAILABLE

KINDERGARTEN

SAFETY AND FIRST AID

SAFETY AND FIRST AID

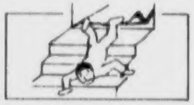
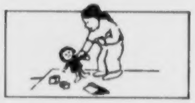
KINDERGARTEN **LESSON: 1** **THEME: PERSONAL SAFETY**

CONCEPT: IT IS IMPORTANT TO FOLLOW PERSONAL SAFETY RULES

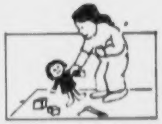
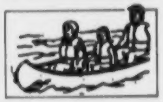
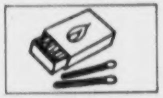
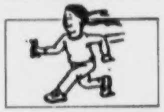
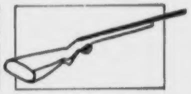
PREPARATION:
1. Enlarge or prepare an overhead transparency of Safe or Unsafe Activity Sheets (Activity Sheets SFA 1A to 1D)
2. Pocket chart and sentence strips
3. Pictures of safe/unsafe behaviours

VOCABULARY: safe, unsafe

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) state personal safety rules	Students: 1. Identify safe and unsafe behaviours.	Background Information: Page — Ask students to tell about a time when they were hurt. They will recount incidents such as cuts, scrapes, burns, scalds, sprains, poisoning, broken bones, and dental injuries. Then discuss **how** they hurt themselves to elicit student responses such as: I was playing with matches. My father left a knife on the floor. Someone pushed me on the playground. Refer to Activity Sheets SFA 1A to SFA 1D. Show each overhead transparency, or enlargement, and ask students to point to things where someone might get hurt, as well as to point to things which help stop people from being hurt.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Explain safe and unsafe.	Use pictures of safe/unsafe behaviours. Ask students to decide if behaviours are safe or unsafe. Record responses using a pocket chart and sentence strips. Is this safe?  No. Someone might get hurt. Is this safe?  Yes. No one will get hurt. Students will be able to explain that if a behaviour is safe, it is likely that no one will get hurt. If a behaviour is unsafe, then there is a possibility that someone will get hurt.

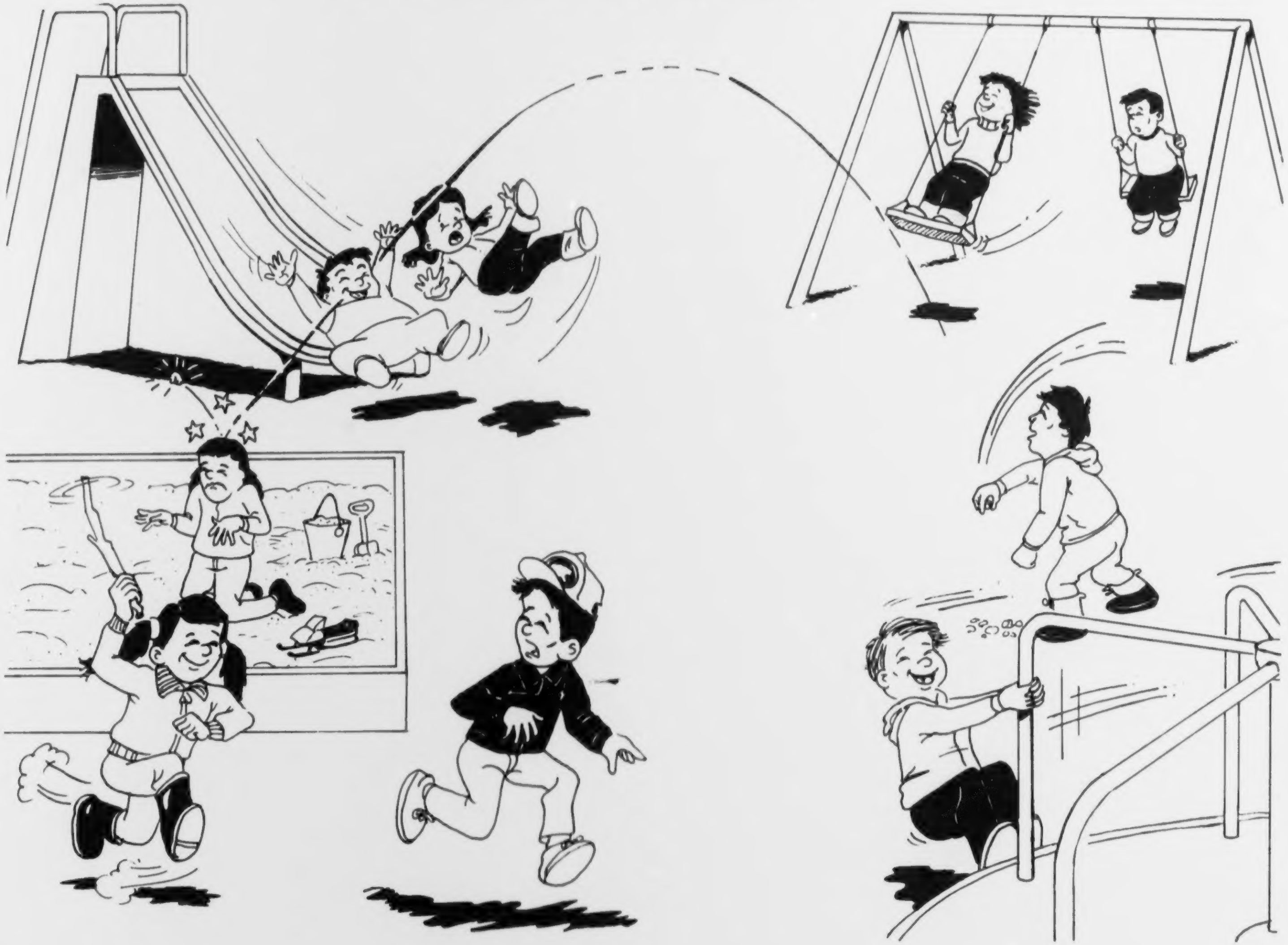
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. State general safety rules.	State safety rules using the sentence patterns:

✓	Always	pick up your toys.	
✓	Always	wear a life jacket in a boat.	
×	Never	play with matches.	
×	Never	run with sharp things.	
✓	Always	treat guns as if they were loaded.	

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Learn a song about safety.	Refer to Activity Sheet SFA 2. Develop additional verses with students. Use appropriate actions to accompany song.
	5. Play Safe, Unsafe game.	Make statements in which there is either a safe or an unsafe behaviour. e.g., Peter always puts his toys away. Mary wasn't wearing a hat in the winter. If a statement is safe, students stand up; if it is unsafe, students sit down.

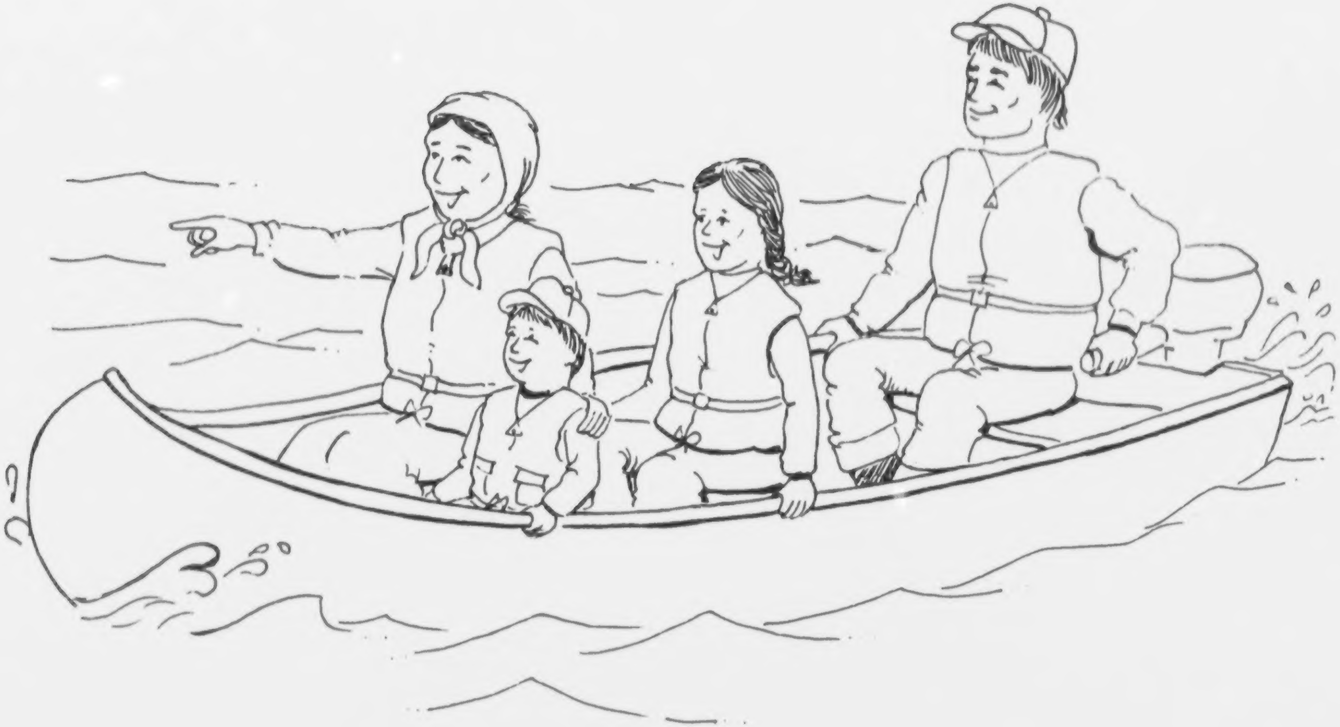
SAFE OR UNSAFE?

SFA 1A



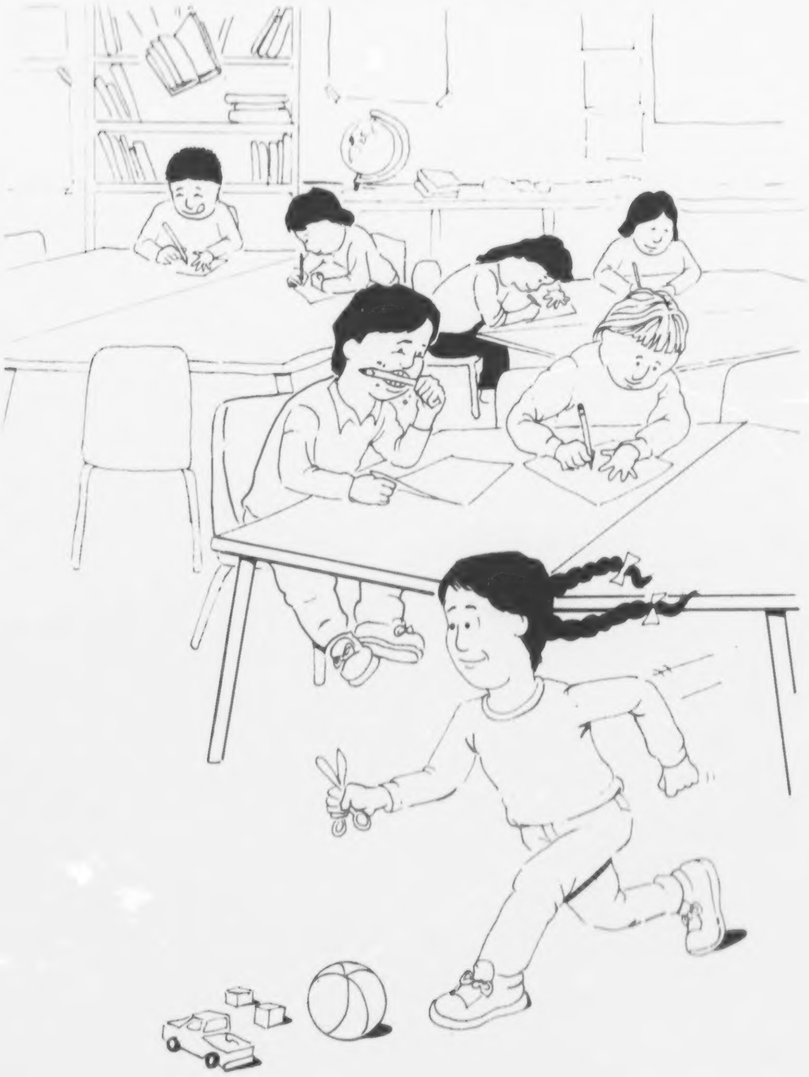
SAFE OR UNSAFE?

SFA 1B



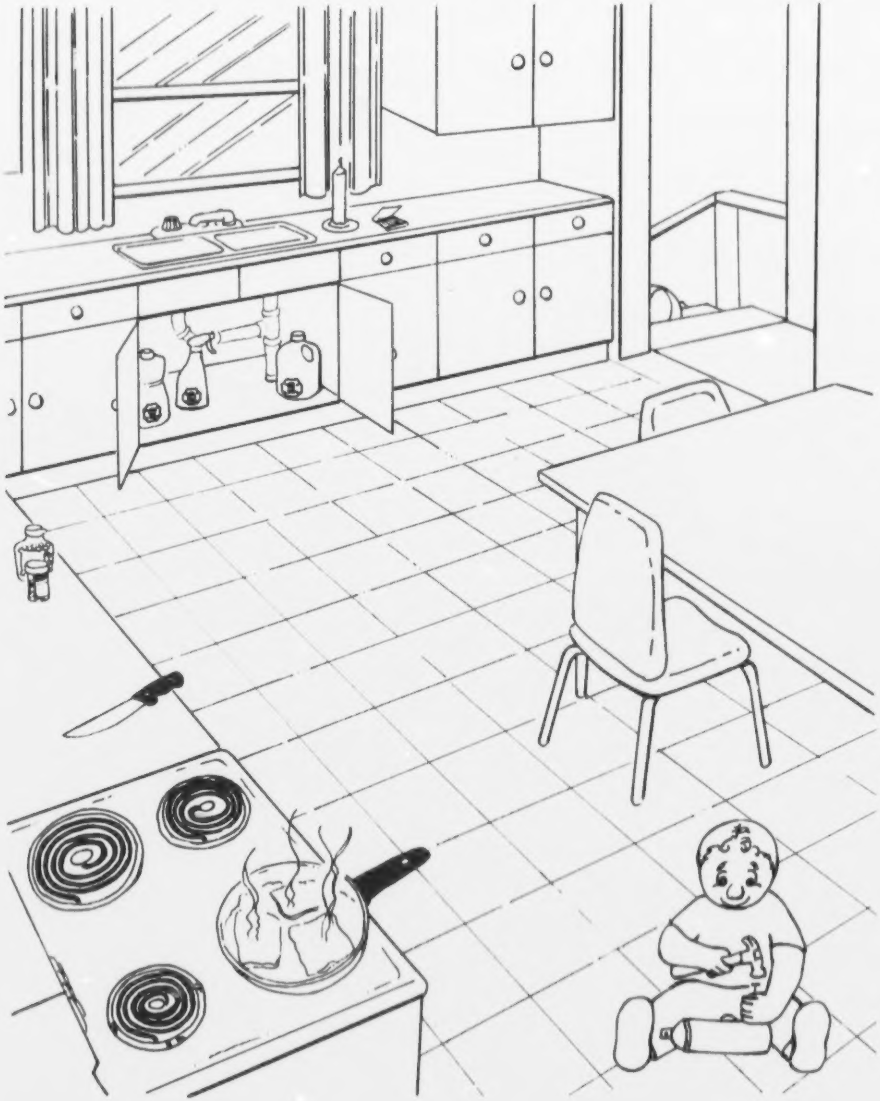
SAFE OR UNSAFE?

SFA 1C



SAFE OR UNSAFE?

SFA 1D



THE SAFETY SONG

SFA 2

(Tune: The wheels on the bus go round and round)

Children like to run and play, run and play, run and play
Children like to run and play
All day long.

It's unsafe to push and shove, push and shove, push and shove
It's unsafe to push and shove
All day long.

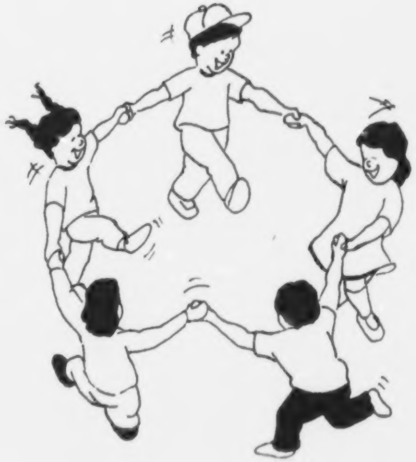
It's unsafe to play with matches, play with matches, play with matches
It's unsafe to play with matches
All day long.

It's unsafe to run with sharp things, run with sharp things, run with sharp things
It's unsafe to run with sharp things
All day long.

Play with toys, but not with guns, not with guns, not with guns,
Play with toys, but not with guns
All day long.

We always pick up our toys, pick up our toys, pick up our toys
We always pick up our toys
All day long.

We play safely and have more fun, have more fun, have more fun
We play safely and have more fun
All day long.



SAFETY AND FIRST AID

KINDERGARTEN LESSON: 2 THEME: PERSONAL SAFETY

CONCEPT: PERSONAL SAFETY INVOLVES KNOWLEDGE OF PERSONAL IDENTITY FACTS AND COMMUNITY HELPERS

PREPARATION:
1. Photographs or pictures of community safety helpers
2. Prior to class invite some community safety helpers that the students have identified

VOCABULARY: trust, safety helper

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) state personal identity facts	Students: 1. State full name, where they live, and telephone number.	Students practise answering the following questions using the sentence patterns: What is your name? My name is ________________. Where do you live? I live ____________________________. What is your phone number? My phone number is ____________ or I don't have a phone.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Practise stating full name, where they live and telephone number.	Have students sit in a circle and roll a ball to one another. The student who rolls the ball asks one of the questions from Activity 1. The student who has caught the ball responds using the corresponding sentence pattern.
ii) identify community safety helpers	3. Name community safety helpers to contact if they need help.	Develop a list of local community safety helpers using the sentence pattern: When I need help I can go to ______________________. These may include: - parents - relatives/neighbours that they trust - fire fighter - RCMP - nurse - teacher - block parents - etc. A community safety helper can be any adult that the student trusts. Some provide help in specific situations.
	4. Ask questions of community safety helpers.	Invite a number of community safety helpers to class. Let them tell students what they do. Have students ask them questions about how they help people.
	5. Draw a community safety helper in action.	Have each student draw a community safety helper. Display.

SFA2.16

SAFETY AND FIRST AID

KINDERGARTEN LESSON: 3 THEME: FIRE SAFETY

CONCEPT: IT IS IMPORTANT TO FOLLOW CORRECT FIRE DRILL PROCEDURES AT SCHOOL

PREPARATION:
1. Prepare a tape recording of the school fire alarm
2. Prepare a class set of Safe Exit and Exit Sign (Activity Sheets SFA 3A and 3B)

VOCABULARY: fire alarm, exit, leader, safe place

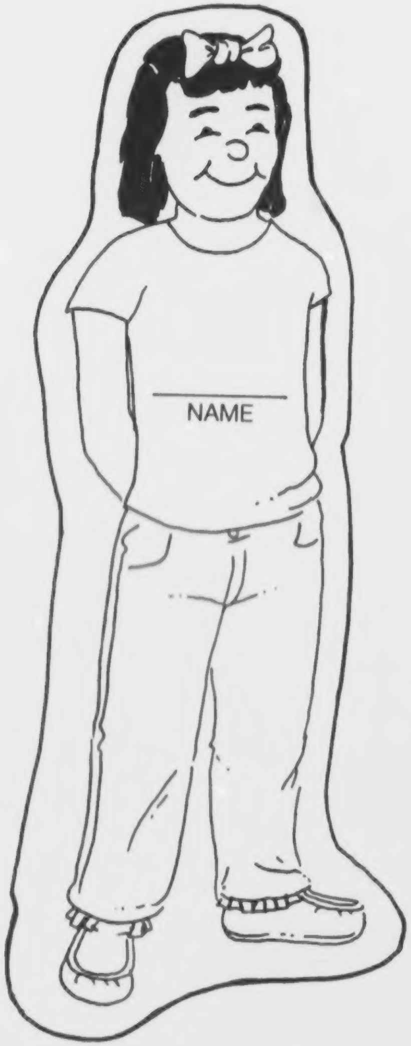
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 43-44
i) state the importance of the fire alarm bell	1. Listen to a tape of a school fire alarm and identify the sound.	Young students may panic at the sound of the fire alarm. The tape may help them get used to the sound.
	2. Discuss the importance of the fire alarm.	The alarm indicates a possible fire and warns people to leave the building quickly, even if they don't smell smoke or see a fire.

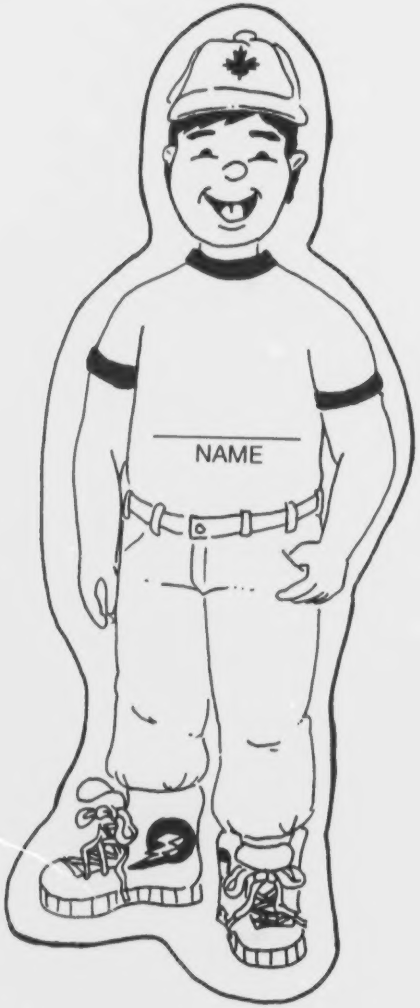
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) demonstrate the school's fire drill procedures	3. Practise the steps to follow in exiting the school when the fire alarm sounds.	Walk students through the following steps. When the fire alarm rings: - stop what you are doing - stop talking - listen for the teacher to tell you what to do - walk to the classroom door in an orderly fashion - line up in single file by the door - wait for the teacher to say when to leave - walk quickly and quietly behind the leader to the safe place outside the school the teacher has selected - wait quietly in line at the safe place until further directions are given by the teacher Note: In the event of a building evacuation in extremely cold weather, the Yellowknife fire department recommends: a) always wearing shoes in the classroom - no sock feet b) grabbing coats/boots on the way out, assuming coats are in or just outside the classroom c) leaving the building without coats/boots if they are not close by - e.g., if students are in the gym The fire department also recommends that schools which are some distance from other buildings in which to take shelter should: a) keep blankets in the gym/shop etc. in the event that a class has to evacuate the building without coats, etc. b) use school buses to shelter students Some schools are equipped with alarm lights for the hearing impaired. If your school has alarm lights discuss their location and importance with students.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Walk through the school and note exit doors.	Discuss the importance of exit doors, and how to recognize them.
	5. Practise correct fire drill procedures from various locations in school to the selected safe place outside.	School locations to include are: classroom, bathroom, gym and library. Emphasize the importance of walking quickly, quietly, and in single file without fooling around.
	6. Complete Safe Exit worksheet.	Refer to Activity Sheets SFA 3A and 3B. Have students colour, cut out and put their name on one of the figures. Post the figures in single file on a bulletin board beside a door marked EXIT. Have students colour and cut out the EXIT sign. They can take their EXIT sign home and put it over an exit door in their own house.

SAFE EXIT

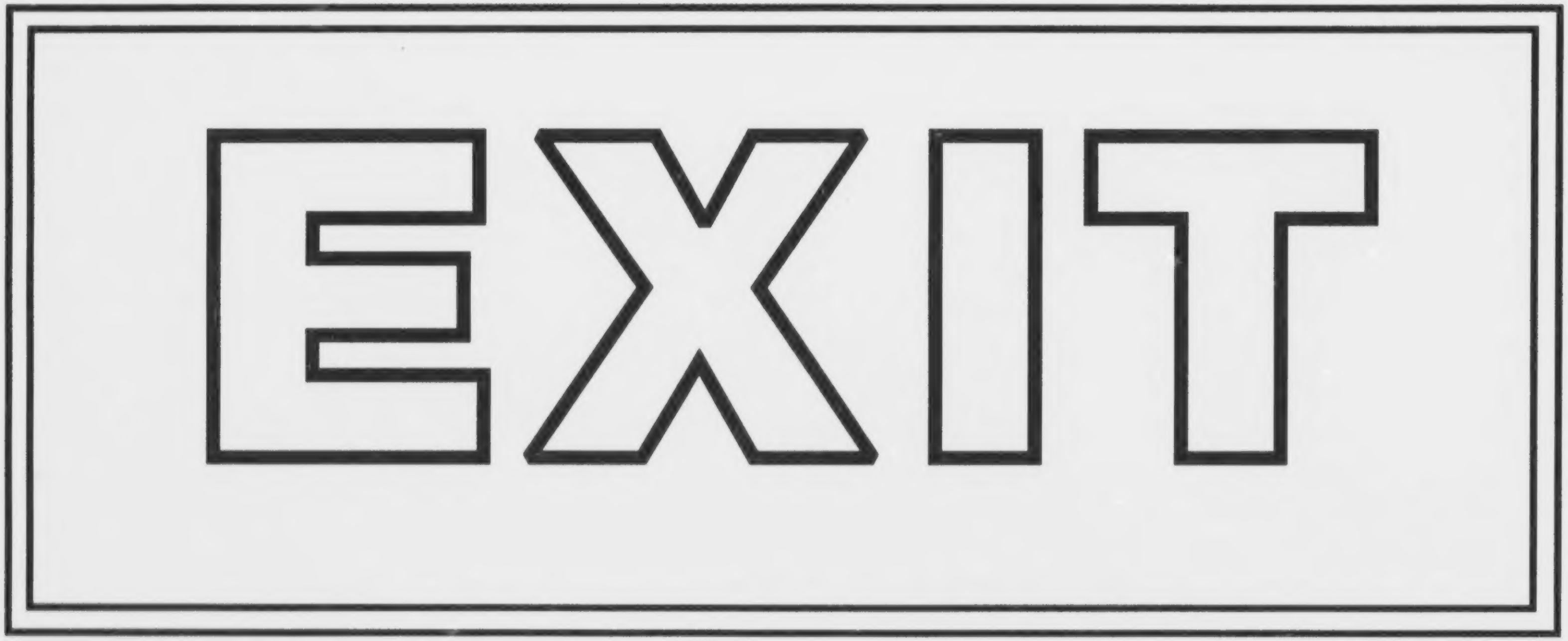
SFA 3A





EXIT

SFA 3B



SAFETY AND FIRST AID

KINDERGARTEN LESSON: 4 THEME: PERSONAL SAFETY

CONCEPT: IT IS IMPORTANT TO FOLLOW SAFETY RULES FOR PEDESTRIANS

PREPARATION:

1. Arrange for a By-law or RCMP officer to lead students on a safety walk
2. Words of the song (Activity Sheet SFA 4)
3. Prepare a large map of the community
4. Star stickers
5. Prepare several sets of Traffic Lights (Activity Sheets SFA 5A to 5E)
6. Light, dark and reflective clothing, flashlight, and dark room
7. Reflector Tape

VOCABULARY: traffic, crosswalk, reflective clothing

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain the importance of pedestrian safety	Students: 1. Participate in a safety walk in their community.	Background Information: Page — Arrange for a By-law or RCMP officer to lead the students on a "safety walk" in the community. Depending on the size of the community the officer could illustrate some or all of the following safety rules: · when crossing a street or road be sure to stop, look, listen, then look again · always watch where you are going · never play behind cars, trucks or big machinery · never run onto a road/street without checking for traffic

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- walk on the sidewalk or the side of the road - cross busy roads at a crosswalk or corner - obey traffic lights - walk facing traffic so that you can see traffic and get out of the way if necessary - wear light or reflective clothing at night
	2. State safety rules to follow when walking in their community.	Follow-up the safety walk by dividing students into two groups to identify all the safety rules they learned on their walk. Have each student draw a picture to illustrate one of the safety rules. Display.
	3. Learn the Stop, Look, Listen Song.	Refer to Activity Sheet SFA 4. Students can learn this song if there are busy streets in the community. Use appropriate actions to accompany the song.
	4. Draw their route to school on a community map.	Using the large community map have students trace their route to school. Use a different colour for each student. Have students paste stars at places to be careful. If they take a bus, put different coloured stars where the bus is loaded and unloaded.
	5. Identify the meaning of various traffic light symbols.	Refer to Activity Sheets SFA 5A to 5E. Before class, paste coloured construction paper (red, green, yellow) on each of the stop light sheets to make a red light, a green light and a yellow light. Show each of the five sheets and discuss what each one means. (This is important for **all** students to learn, even if there are no traffic lights in the community.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Play Red Light, Green Light.	Refer to Activity Sheets SFA 5A to 5E. Make several sets of the stop lights as per Student Activity 5. Students line up at one end of the room or gym while the teacher holds the activity sheets in a stack so that the students can see the first sheet. Show the sheets one at a time. Students may advance only on a green light or a "walking" symbol. If any student moves on a red light or "hand" symbol the student must go back to the start. When students see a yellow light they should stop. The goal is to advance across the room to where the teacher is standing.
ii) explain the importance of wearing light or reflective clothing when it is dark	7. Participate in an experiment to demonstrate the importance of wearing light or reflective clothing when it is dark.	Give students light, dark, and reflective clothing to participate in an experiment. Use a room which can be blackened completely, or conduct the experiment when it is dark outside. In the blackened room shine a flashlight to represent the headlights of a vehicle. Students wearing light, dark and reflective clothing should be at one end of the room while other students, at the opposite end of the room, identify which clothing is easy/easier to see and which is more difficult to see. Students should conclude that light or reflective clothing is more easily seen in the dark than is dark clothing.
	8. Ask their parents to sew reflective tape on their parkas.	Reflective Tape may not be available in all stores, but can be obtained from: Fabrics 'N Sew On Yellowknife (403) 920-4433 or Davy Fabrics Inc. 103 Fashion Centre 10403 - 172 St. Edmonton, Alberta T5S 1K9 (403) 484-4422

STOP LOOK LISTEN

SFA 4

(Tune: Head and Shoulders)

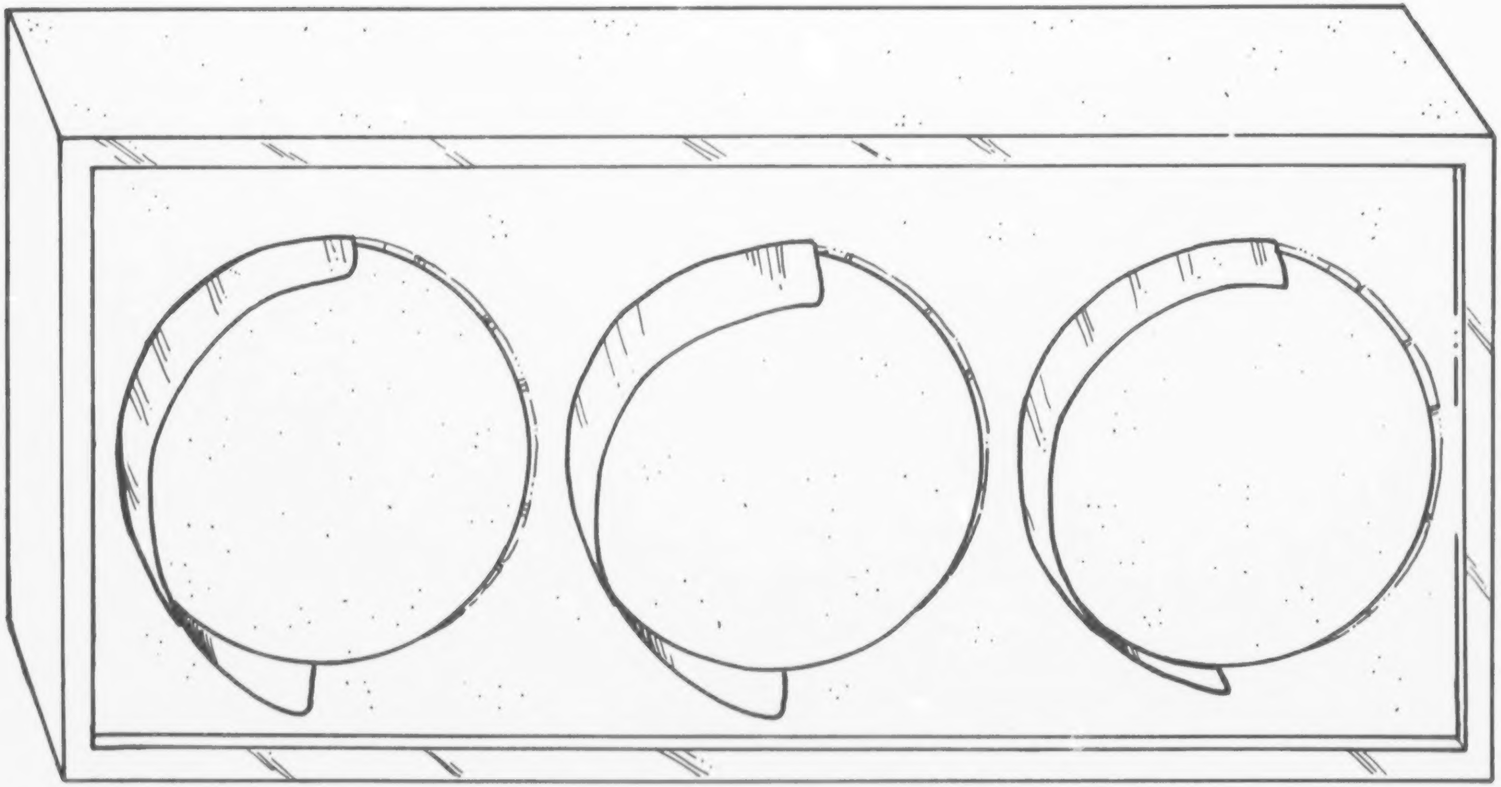
Stop, look, listen, look again, look again.
Stop, look, listen, look again, look again.
Then cross the road with SAFETY on your brain!
Stop, look, listen, look again, look again.

- Barbara Hall

TRAFFIC LIGHTS

(Green)

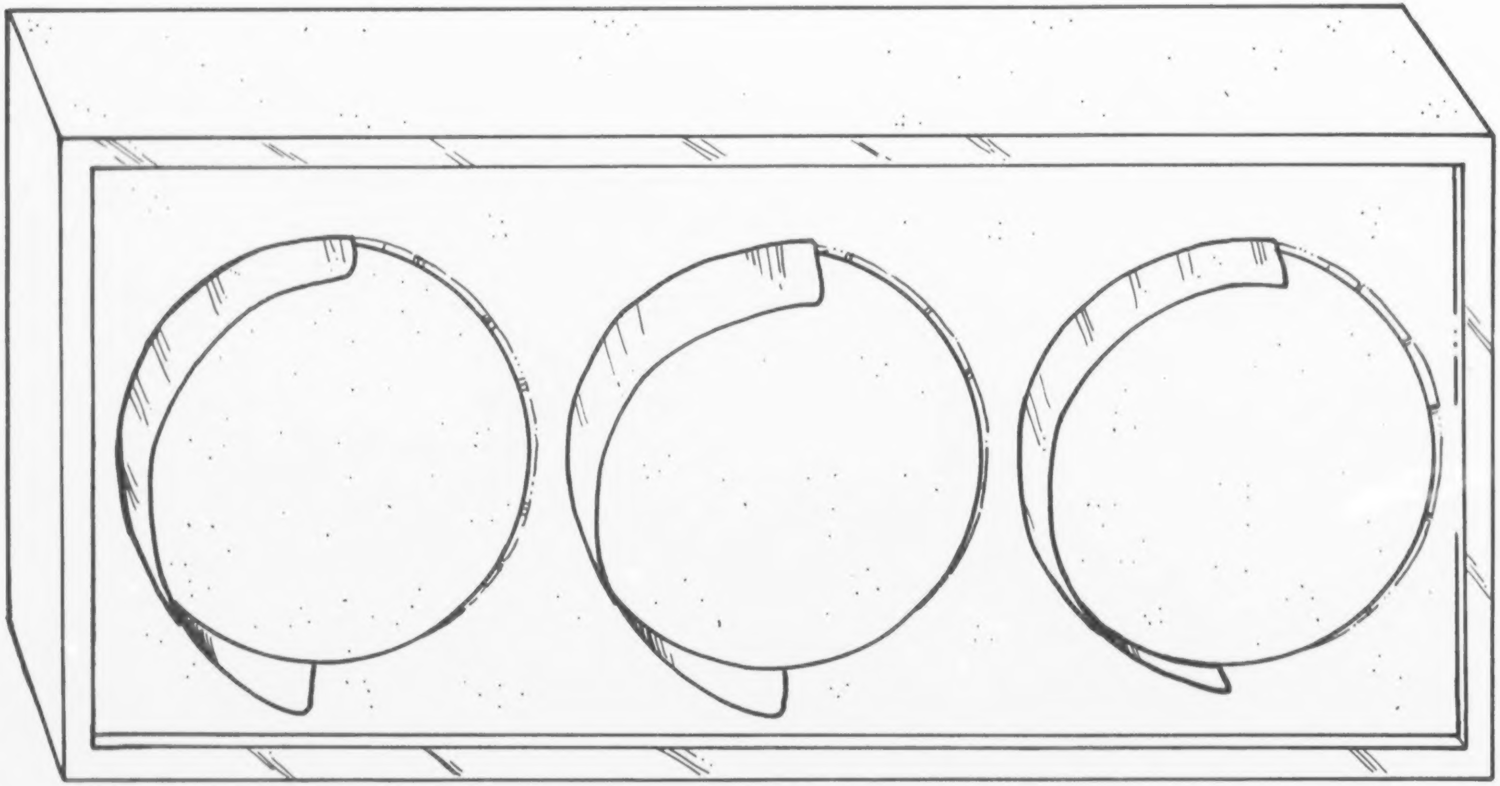
SFA 5A



TRAFFIC LIGHTS

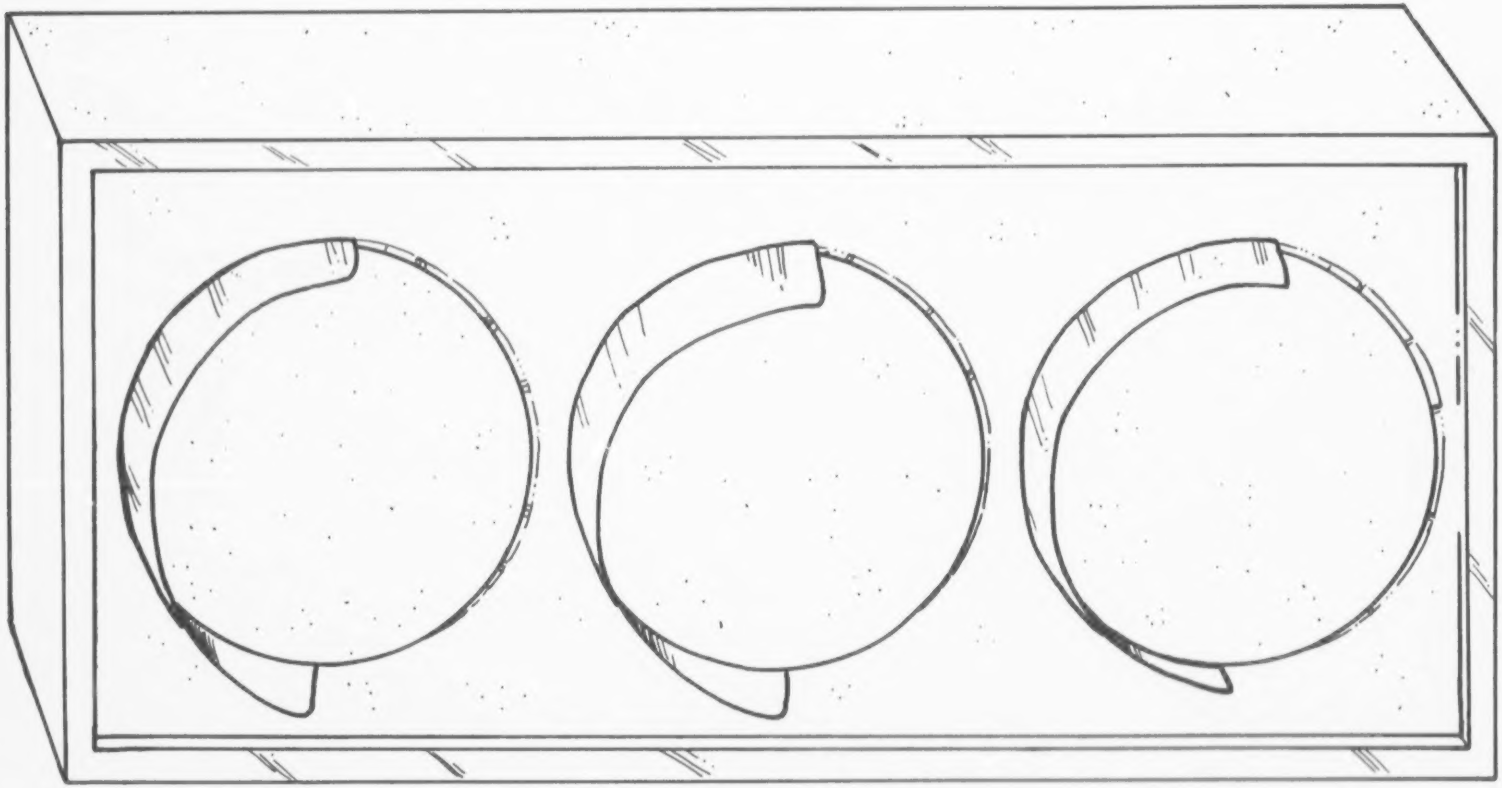
(Red)

SFA 5B



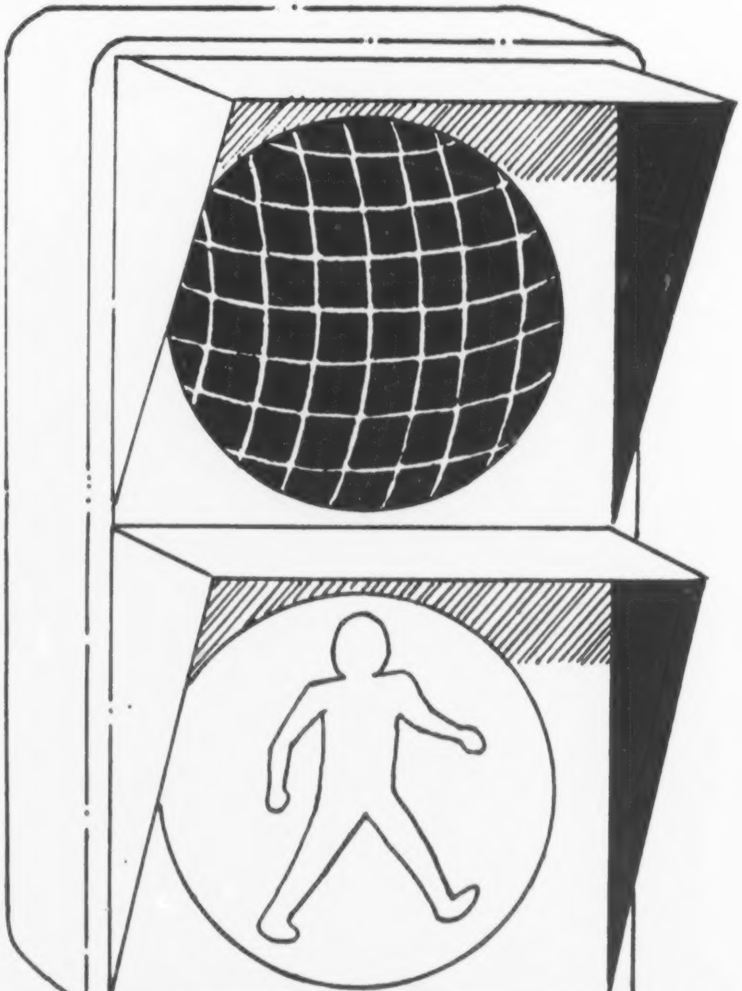
TRAFFIC LIGHTS

(Yellow)



TRAFFIC LIGHTS

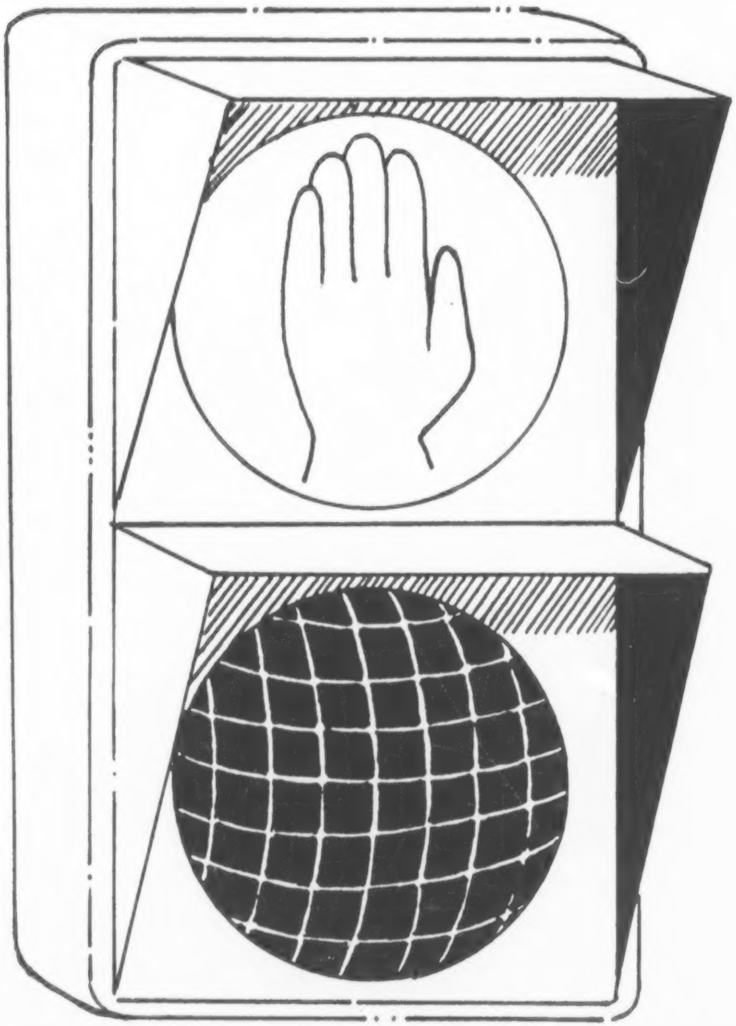
(Pedestrian Go)



TRAFFIC LIGHTS

(Pedestrian Stop)

SFA 5E



KINDERGARTEN
TEACHER BACKGROUND INFORMATION

SAFETY AND FIRST AID

GENERAL SAFETY

Injuries, accidents and violence account for approximately 30% of all deaths in the N.W.T. A World Health Organization Report suggests that Canada is the worst country in the industrialized world for accidents among children.

Children are extremely curious and extremely active. They are, therefore, at high risk of accidental injury. However, knowledge of potentially dangerous situations and behaviours, the development of skills such as decision-making and the encouragement of attitudes such as being responsible for one's own actions can contribute to a reduction in, or the prevention of, accidents and injuries.

At the same time, school staff with a basic knowledge of First Aid can respond immediately to an emergency situation, ensuring prompt and appropriate treatment is provided.

St. John Ambulance is a national organization which will provide basic First Aid Training Courses in communities. For more information about St. John Ambulance in the Northwest Territories, contact:

St. John Ambulance
51st Avenue & 51st Street
YELLOWKNIFE
403-873-5658

FIRE SAFETY

Safety Practices to Prevent Fires

Fire prevention involves positive safety practices:

- keep matches out of reach of children;
- children should never play with matches;
- never use gasoline or other flammable liquids to start fires;
- fire extinguishers should be easily available and kept in good working order;
- never leave electrical appliances on and unattended;
- turn pot handles away from the front of the stove;
- keep flammable material (clothes, paper, blankets etc.) away from fires and heaters;
- never smoke in bed.

Fire Drill Procedures

Schools should practise fire drills regularly. Being able to evacuate a building quickly and in an orderly fashion may make the difference between life and death.

When the fire alarm sounds:

- walk to the door in an orderly fashion;
- line up in single file by the door;
- wait for the teacher to say when to leave;
- the teacher should close the door behind him/her;
- walk quickly and quietly behind the leader to the fire exit;
- assemble at the pre-selected point - this should include a nearby building in winter time;
- check that everyone is there;
- stay outside; do not go back into the building, until a responsible adult has determined it is safe to do so.

In the event of evacuating a building in extremely cold temperatures, the Yellowknife Fire Department recommends:

- students should always wear shoes in the classroom - there should be no sock feet;
- grabbing coats and boots on the way out - assuming that they are located in or immediately outside the classroom;
- leaving the building without coats or boots, if they are not close by - e.g. if students are in the gym.

The Fire Department also recommends that schools which are some distance from other buildings which could provide temporary shelter should:

- keep a supply of blankets in the gym or shop;
- where there is a school bus, use it to shelter students.

When a Building is on Fire

There are two basic rules to remember in the event of fire:

- Get out!
- Get help!

The following steps should be followed in the event of discovering a fire or being in a building which is on fire:

- yell 'Fire! Fire!' as loudly as possible;
- touch closed doors. If they are warm or hot, do not open them;
- stay away from smoke. Take another exit or crawl under the smoke;
- go to a safe meeting place outside;
- call the fire department;
- do not go back inside for any reason.

It is important for students to practise this drill. They will be more likely to reach safety, if they have rehearsed the steps to follow.

When Clothes are on Fire
The following steps should be followed, if clothing is on fire:

- STOP: stop immediately;
- DROP: drop to the ground or floor immediately;
- ROLL: roll back and forth on the burning spot until the fire is out;
- COVER: cover your face with your hand;
- COOL: cool burn with cold water immediately.

Making a Fire Plan
Students are encouraged to develop a plan for evacuating different rooms in the school, in the event of a fire. It is also suggested that they can help their families do the same at home. The local fire department may assist with this.

ELECTRICAL SAFETY

Accident prevention around electricity involves the following safety practices:

- keeping all electrical appliances, cords and plugs in good repair;
- using grounded appliances;
- not overloading circuits;
- never using electrical appliances near water;
- covering electrical outlets with special plugs, if there are small children around;
- never poking objects into electrical appliances, when plugged in;
- never poking objects into electrical outlets;
- keeping electrical cords where people will not trip over them.

BICYCLE SAFETY

People who ride bicycles or motorbikes, drive snowmobiles, trucks or cars are all road users, who have to follow the rules of the road.

Accident prevention around bikes involves the following safety practices:

- keeping your bike in good working order;
- learning and observing all road signs;
- using correct hand signals for stopping or turning;
- riding on the right hand side of the road;
- always riding in single file;
- giving way to pedestrians;
- riding on the road, not the sidewalk;
- never carrying other people on the bike, unless it is built for that e.g. a baby carrier, or a tandem;
- always keeping hands on the handlebars, unless signalling;
- using a headlight after dark.

WATER SAFETY

Safe Boating

Accident prevention around boats involves the following safety practices:

- always wearing a lifejacket;
- always carrying safety equipment e.g. paddle and bailer;
- taking extra clothes;
- never standing up in a boat or canoe;
- never overloading the boat;
- never boating alone;

- always checking the weather;
- making sure you tell someone where you are going and when you will be back;
- never drinking alcohol when driving a boat;
- if the boat capsizes, staying with the boat.

Safe Swimming

Accident prevention when swimming involves the following safety practices:

- never swimming alone;
- not fooling around in or near water;
- never swimming in unknown waters;
- children should swim, only if there is an adult around;
- never swimming while intoxicated;
- never swimming if the water is really cold;
- staying in the designated swimming area, if in a controlled situation;
- obeying all warning signs.

ICE SAFETY

Accident prevention in winter time involves the following safety practices around ice:

- checking with an adult before playing on ice;
- keeping off ice in Spring and Fall, when it is thawing;
- being cautious around dark or unknown patches of ice;
- staying away from ice, where there may be strong currents e.g. a river;
- staying away from open water;
- carrying a long pole when on ice.

ANIMAL SAFETY

Accident prevention around animals involves the following safety practices:

- never trying to pet or pick up a wild animal;
- never picking up a dog's bone;
- never trying to break up a dog fight, even if it is your own dog;
- never playing at the dump;
- making noises when picking berries so that animals will hear you;
- never leaving garbage around your campsite or outside your house;
- if a strange dog comes up to you, stand still; keep your hands down; let the dog sniff you; talk to it in a quiet, calm voice; walk away slowly;
- if you are bitten by an animal, go to the Community Health Centre.

COLD WEATHER SAFETY

Accident prevention in winter involves the following safety practices:

- wearing a hat to prevent heat loss;
- wearing warm mitts or gloves to prevent frostbite;
- wearing a scarf in extremely cold temperatures;
- wearing layers of clothes;
- taking extra clothes, if going out of the community;
- wearing loose clothes - tight clothes are not warm;
- checking with an adult before playing outside;
- playing with someone else and checking each other for frostbite;

- wearing warm boots when it is extremely cold;
- keeping dry.

Hypothermia Prevention
Many people think hypothermia affects the body only in winter time; in fact, it can occur at any time of the year. It often occurs in the north in summertime, largely because of the cold temperatures of northern waters. On land, hypothermia occurs most frequently at mild temperatures, especially when it is wet or windy.

Hypothermia can be prevented by observing the following safety practices:

- carrying extra clothes in waterproof bags;
- staying dry, if possible;
- wearing a hat to protect the head from heat loss;
- not eating snow; it lowers your body temperature;
- not drinking alcohol; it also lowers your body temperature and makes you less sensitive to cold;
- taking materials or being sure materials are available for an emergency shelter.

First Aid
See attached sheets.

Frostbite
Frostbite is the most common injury in cold weather.

Signs and Symptoms

- the skin turns white, yellowish-white or purple - purple is usually a sign of severe frostbite;
- the area feels numb;
- the area becomes cold and insensitive to touch.

Treatment

If someone is suffering from frostbite, the following steps should be followed:

- Go to a warm place, as soon as possible;
- Use body heat to thaw the frostbite e.g. fingers - put hands under armpits;
- Rub the affected area very gently with a warm hand;
- Do not rub the area with snow;
- Put extra clothes on the affected part;
- Once inside, give the person something warm to drink - NOT alcohol;
- Immerse the frostbitten part of the body in WARM, NOT HOT, water;
- Wrap the person in blankets;
- Contact a nurse or doctor immediately.

Hypothermia

Hypothermia occurs when the body becomes chilled over a long period of time. It is caused by exposure to cold. It is even worse when accompanied by winds, dampness or exhaustion.

Signs and Symptoms

- violent fits of shivering;
- shivers will stop;
- numb feeling;
- cannot walk properly; stumbles around;
- feels drowsy;
- does not realize s/he has these symptoms;

- eventually collapses;
- leads to death.

Treatment

If a person is suffering from hypothermia, the following steps should be taken:

- warm the person slowly;
- if possible, take him to a dry, sheltered place;
- if possible, remove his/her wet clothes;
- give him/her something warm to drink (not alcohol);
- if possible, give the person a warm bath;
- get into a sleeping bag with the person - this provides a source of body heat;
- contact a nurse or doctor.

FIREARM SAFETY

Firearms are a part of many people's daily lives in the Northwest Territories, and will undoubtedly continue to be. Children are exposed to them from a very early age, both through day to day living and various media. Many firearm accidents have involved young people (approximately 50% of firearm accidents involve children 15 years and younger).

Children need to learn awareness and safety related to firearms and ammunition, as well as positive and responsible behaviours around firearms. It is not intended to scare children, but rather to stress caution and personal responsibility.

Children should understand

i) that firearms are dangerous - they are not toys

ii) that mishandling a gun can cause injury or death

iii) the rules of firearm safety, and

iv) preventive behaviours around firearms.

Generally, young children should learn not to touch firearms. Under Canadian law, it is illegal for someone under 14 years of age to handle guns on their own. However, because hunting is a traditional way of life in the N.W.T., there may occasionally be situations where children need to know proper handling and storage of guns. Proper handling and storage are preventive behaviours related to firearm safety; teaching these does not assume that children should be handling guns on their own.

Preventive Behaviours Related to Firearm Safety

1. Young children should not touch firearms.
2. Older children may handle firearms in certain situations, but with adult supervision.
3. Always stand behind and away from the person with the firearm.
4. Know the rules of proper handling and storage of firearms and ammunition.
5. Treat every gun as if it were loaded.

Firearm Safety Rules

1. Treat every firearm as if it were loaded.
2. Always control the muzzle of your firearm.
3. Be sure of your target and beyond.
4. Never shoot at a flat, hard surface, or at water.
5. Never point a firearm at anything you do not want to shoot.
6. Never run, climb or jump with a loaded firearm.
7. Store firearms and ammunition separately.
8. Be sure your firearm is clear of all obstructions.
9. Unload firearms when not in use.
10. Tell an adult if you find a gun lying around.

Proper Storage of Firearms and Ammunition
Firearms and ammunition should be stored:

- separately.
- out of easy reach.
- in a secured, dry place.
- in cold weather hunting, it is better to leave firearms in a secure cold place, rather than allow condensation which may cause freezing and firearm failure. (relate comparison of cold eyeglasses fogging up)
- in leather or cloth cases; plastic cases will cause rusting.

Adapted from the Firearm Awareness Program, Department of Renewable Resources.

'First Aid for Teachers'

The following pages have been reprinted with permission from 'First Aid for Teachers' from the Canadian Red Cross Society.

First Aid

First aid is the immediate assistance provided to a person in physical distress to maintain vital functions until medical attention can be obtained. Do not give medical aid which you have not been trained to deliver.

First Aid Objectives

1. Save a life.
2. Prevent further injury.

First Aid Priorities

1. **Dangers**
   Do not move an injured child unless the child is in danger where he is. Only move the child if you cannot eliminate the danger. Protect yourself.
2. **Ambulance**
   If the child appears to be unconscious, bleeding severely, or is having difficulty breathing, shout for help. Send an adult or older child for an ambulance. Tell them to give the following information:
   - Where the accident is.
   - What's wrong.

   Tell them not to hang up until told to do so.
3. **A.**
   Airway
   Squeeze and shout. Open airway.
4. **B.**
   Breathing
   Check for breathing. If the child is not breathing, begin **Rescue Breathing.**
5. **C.**
   Circulation
   Check for serious bleeding (i.e. arterial bleeding). Begin first aid for serious **Bleeding.**
6. **Shock**
   Give first aid for shock to every injured student.
7. **Assessment**
   Check for injuries other than ABC problems. Send someone to call an ambulance if needed.

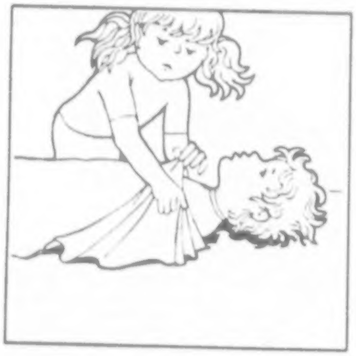
Care for Shock

What to look for:

The child may

- appear pale, grey or mottled
- have cold, clammy skin
- feel weak
- have irregular breathing
- appear anxious or apathetic
- feel nauseous or thirsty

CAUTION: Many injured children experience shock, sometimes immediately, sometimes hours after an accident. **Shock can cause death.** As a preventive measure **always** give care for shock to an injured child.



1. If the child is conscious, keep him lying down.
2. Elevate the child's legs 20 cm (8") unless you suspect a broken bone or back injury.
3. Maintain normal body temperature. In most instances you will need to cover the child to keep him warm. If there are no neck or back injuries or broken bones suspected, place a blanket under the child.
4. Comfort and reassure the child.
5. Encourage regular full breaths.
6. Continuously check that the child is conscious and breathing. Check wound sites to ensure that bleeding has not resumed.
7. If the child becomes unconscious treat for **Unconsciousness.** If the child stops breathing give **Rescue Breathing.**
8. Elevate the child's head and shoulders if breathing is difficult unless you suspect head, neck or back injuries.

CAUTION: Do not give food or fluids. Severely injured children may require surgery.

Note: Shock is oxygen deprivation in the brain and other vital organs. It is caused by a serious reduction in blood pressure and/or volume. Blood volume and pressure can be reduced by many factors, including heavy loss of blood, loss of fluid as a result of burns, and the body's response to pain or fear.

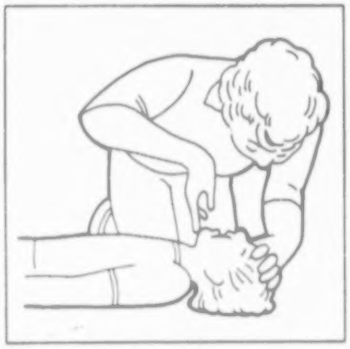
Rescue Breathing

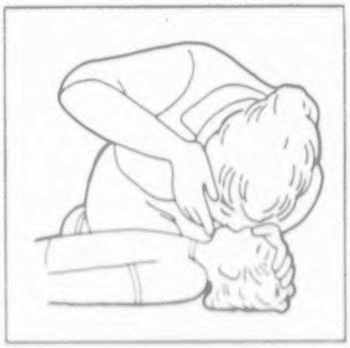
If a child appears to be unconscious:

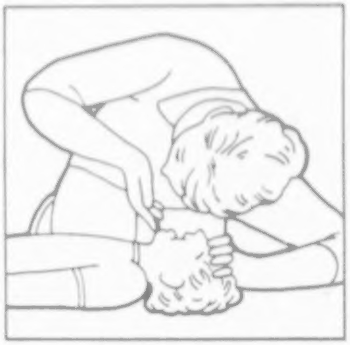
1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone to call an ambulance.

CAUTION: If you suspect a neck, head or back injury, do not tilt the head. Gently lift the chin without moving the neck or pressing on the forehead. Tilt the head only if you cannot inflate the chest.

2. Tilt the head to open the airway. Lift the chin with one hand and push down on the forehead at the same time with the other.
3. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
4. If the child is breathing, care for **Unconsciousness.**
5. If the child is not breathing, pinch the nostrils closed. Use the thumb and forefinger of the hand that is on the child's forehead.
6. Seal your mouth tightly around the child's mouth. Blow in two slow breaths of air. Take your mouth away after each breath.
7. Release the nostrils. Look for movement of the chest.
8. If the chest has not moved, make sure the head is tilted enough. Pinch the nostrils closed, blow in two breaths, and watch for movement of the chest.
9. If the chest still does not move, care for **Choking: Unconscious** steps 5-7.
10. Give one breath every 4-5 seconds until the ambulance arrives or the child starts breathing again.



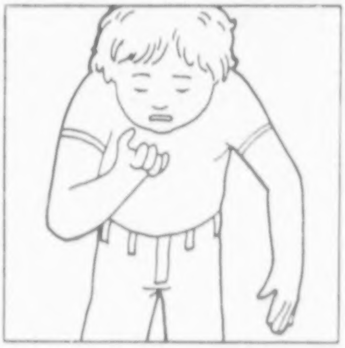




11. Care for **Shock.**

Note: If the child vomits during Rescue Breathing, roll him on his side, clean out the mouth, then resume Rescue Breathing.

Choking:
Conscious



If the child can breathe, speak or cough forcefully;

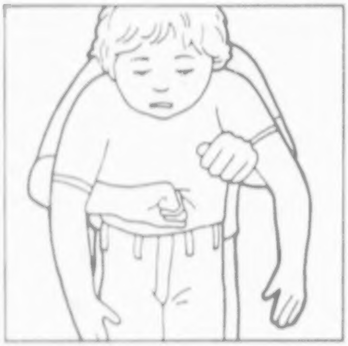
1. Encourage the child to bend forward and cough up the foreign object.
2. Do not slap the child on the back. Stay with him and monitor breathing.

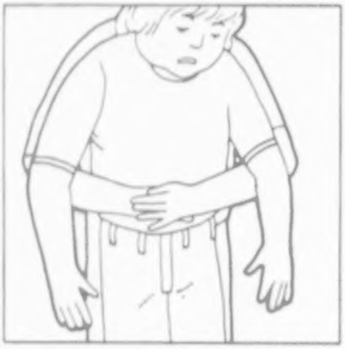
If the child cannot breathe, cough or talk, turns blue, or is making a high-pitched noise:

3. Shout for help and send someone to call an ambulance.
4. Stand behind the child and place your arms around his waist.
5. Make a tight fist. Place it just above the navel, thumb against the abdomen.
6. Place your other hand over the fist.
7. Press your fist into the abdomen with quick upward thrusts. (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

8. Continue the thrusts until the object has been expelled, or the child becomes unconscious. Treat for **Choking: Unconscious.**
9. After the object is expelled, seek medical attention immediately.
10. Care for **Shock.**





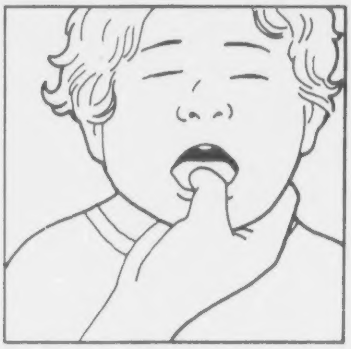
Choking:
Unconscious

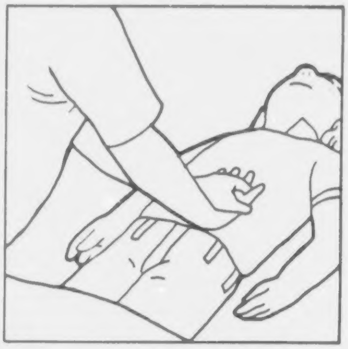
If a child is choking and becomes unconscious:

1. Ensure an ambulance has been called.
2. Roll the child onto his back.
3. Check the mouth. Grasp the tongue and lower jaw. If you can see the object, remove it, taking care not to push it in further.
4. Try to blow in two slow breaths of air. If air enters, give **Rescue Breathing.**
5. If the breath does not go in, place the heel of your hand in the middle of the child's abdomen, below the rib cage, just above the navel. Place the other hand on top.
6. Press into the abdomen using quick upward thrusts with increasing force. Repeat 6-10 times. (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

7. Repeat steps 3-6 until the object is expelled.
8. When the object is expelled, refer to **Rescue Breathing.**





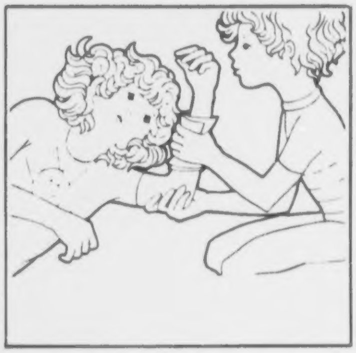
Bleeding

Cuts and Wounds

1. Apply direct pressure to the cut with a clean cloth. If nothing clean is available, use your hand with the fingers flat.
2. Elevate a bleeding limb higher than the heart, unless you suspect a broken bone.
3. For all severe bleeding, shout for help. Send someone to call an ambulance immediately.
4. Have the child lie down and keep still.
5. If the cloth soaks through, **do not remove it.** Apply a second cloth on top.
6. Tie the cloth in place with a bandage. Never tie a bandage to the neck. Maintain pressure with your hand over the wound.

After the bleeding has stopped:

7. Immobilize an injured limb if transporting the child is absolutely necessary.
8. Check circulation frequently. If the area below the wound is cold or blue, the bandage is too tight.
9. Care for **Shock.**
10. Seek medical attention.



Nose Bleeds

1. Have the child sit down.
2. Tilt the child's head forward slightly.
3. Pinch the nose firmly.
4. Hold firmly for 10 full minutes without checking.
5. If bleeding continues, seek medical attention.

Scrapes

1. Clean the scraped area by flushing it with running water.
2. Gently wash the area around the wound with soap and water.
3. Blot dry with a sterile gauze dressing.
4. Cover with a sterile non-stick dressing.

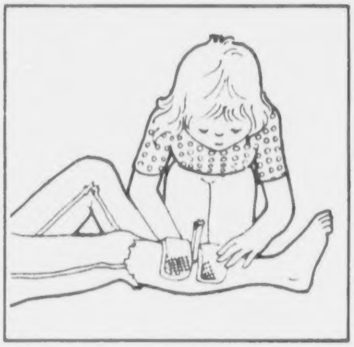
Note: Seek medical attention if the scrape is over a large area or if it becomes infected. If infected, it will be red around the scrape and sore to the touch.

Impaled Objects

CAUTION: Do not remove an impaled object, as severe bleeding and increased damage may result.

1. Cut clothing away from the wound site.
2. Stabilize the object and control bleeding by applying bulky dressings around it.
3. Hold the dressings in place with bandages.
4. Seek medical attention immediately.
5. Care for **Shock.**

Note: If an object appears to have punctured the chest wall, seal the wound with a piece of plastic or your hand. Place the child in semi-prone position, injured side down. Monitor airway and breathing constantly.

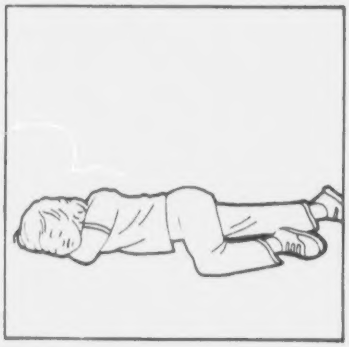


Internal Bleeding

What to look for:
Suspect internal bleeding if the child has received a severe blow to the chest, back or abdomen. One or more of these signs may be evident:

- pain over the injured spot
- bright foamy blood coughed up
- vomit that is red in colour
- bleeding from any body opening
- feeling of faintness
- swelling
- air hunger (yawning or gasping)
- severe thirst

CAUTION: Do not elevate the feet. Do not give the child anything to drink. Do not move a child who may have a head or neck injury, unless breathing is a problem.



1. Place the child in the semi-prone position.
2. Send someone to call an ambulance.
3. Care for **Shock.**

Unconsciousness

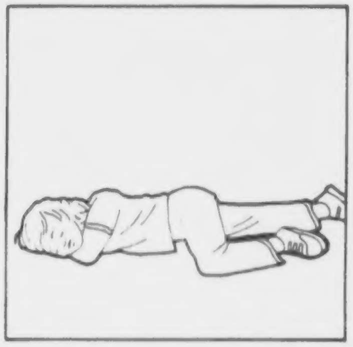
If a child appears to be unconscious:

CAUTION: Do not move the child if a neck or back injury is suspected.

1. Squeeze the child's shoulders and shout "Are you OK?" If no response, shout for help and send someone to call an ambulance. If the child is not breathing, give **Rescue Breathing.**
2. If the child is breathing, and you do not suspect a neck or back injury, place the child in the semi-prone position. Watch the mouth for blood or fluids. Clear with a cloth.
3. If you suspect a neck or back injury, do not move the child.

   Check for blood, fluids or noisy breathing. If there is none, do not move the child. **Listen and watch for fluids constantly** until the ambulance arrives.

   If you hear gurgling, or noisy breathing, or see fluid, roll the child into the semi-prone position immediately. Turn the body as a unit. Avoid twisting the neck. Ask other adults to assist you. Clear the mouth with a cloth.



4. Constantly check breathing. If it stops, give **Rescue Breathing.**
5. Check for a Medic Alert bracelet or necklace.
6. Care for **Shock.**

Fainting

What to look for:

Fainting may be preceded by

- paleness
- sweating
- dizziness
- nausea

1. If you think that the child is about to faint, have him lie down and elevate his feet 20 cm (8″).
2. Loosen tight clothing.
3. If the child becomes unconscious, open the airway.
4. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest. If not breathing give **Rescue Breathing.**
5. If the child is breathing, or when he resumes breathing, place him in the semi-prone position.
6. Check for a medic alert bracelet or necklace.
7. If there is no recovery in 3 minutes, the problem is more serious than fainting. Send someone to call an ambulance immediately.
8. Care for **Shock.**

Diabetes

What to look for:

A diabetic child who has taken too much insulin, missed a meal, or exercised too much may show any of the following:

- moist, ashen or pale skin
- cold sweat
- hunger
- shallow breathing
- confusion
- shaking
- dizziness.

CAUTION: If this condition is not handled immediately, the child may become unconscious.

If the child is conscious:

1. Give the child a glass of juice, candy or any other sugar.
2. Seek medical attention immediately.
3. Care for **Shock.**

If the child is unconscious:

1. Place the child in the semi-prone position.
2. Send someone for an ambulance immediately.
3. Place a **small** pinch of sugar under her tongue. Repeat when the sugar has dissolved. Do not give the child anything to drink.
4. Care for **Shock.**

Spinal and Head Injuries

What to look for:
One or more of these signs may be evident if there is a spinal injury.

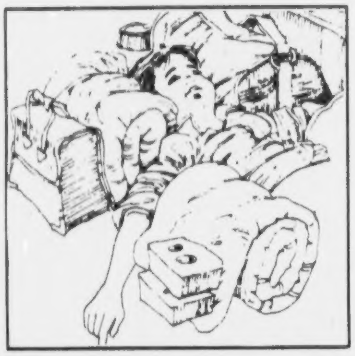
- loss of motion or sensation below the injury
- pain at the site of the injury
- light muscle flinching
- "pins and needles" sensation below the site of the injury
- confusion
- loss of coordination

What to look for:
A child with a head injury may show any of the following:

- headache
- dizziness, or disorientation
- nausea or vomiting
- drowsiness
- loss of consciousness
- bleeding or clear fluid from ear or nose

A fall of 15 cm (6") onto a hard surface is sufficient to cause a head injury. Seek medical attention immediately. A head injury is often more severe than it may seem.

CAUTION: Any head injury may mean the child has a spinal injury. Unless the child's life is in danger, **do not move the child.**

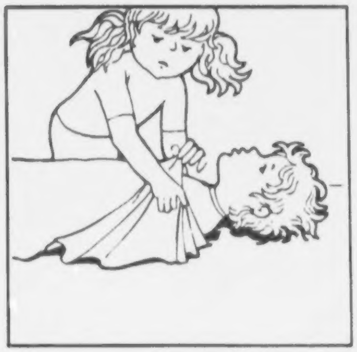


1. Check for consciousness without moving the child. Squeeze the child's shoulders, and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance.
2. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
3. If the child is not breathing, give **Rescue Breathing.**
4. If the child is breathing and unconscious, treat for **Unconsciousness.**
5. If conscious: If you suspect a spinal injury, immobilize the head in the position you found the child. Use towels or clothing and hold them in place with rocks or bricks.
6. Care for **Shock.**

Seizures

1. Protect the child's head and limbs from injury by removing objects nearby. Place soft articles such as pillows between the child's head and immovable objects such as walls and heavy furniture.
2. Do not interfere with the child's movements.
3. Do not put objects between the teeth.
4. After the seizure, if the child is unconscious or sleepy, place him in the semi-prone position.
5. Care for **Shock.**

Broken Bones



Caution: Do not move a broken bone. Call an ambulance; the attendants will splint the bone.

What to look for:
The presence of only one of these signs is sufficient to call an ambulance:

- severe pain or tenderness to the touch
- distortion of a limb
- loss of circulation in a limb (toes/fingers are white or blue)
- loss of feeling in a limb (Can the child feel a squeeze of the fingers/toes?)
- swelling and discoloration
- child reports having heard a cracking sound

1. Encourage the child not to move.
2. Immobilize the broken limb where the child is lying. Use towels or blankets to stabilize the limb.
3. Call an ambulance.
4. Care for **Shock.**

Note: Treatment for dislocations is the same as for broken bones.

Bleeding (Compound fracture)

1. Gently place a cloth over the wound. Use a sterile dressing or clean cloth.
2. Apply pressure around but not on the wound. Pressure should be sufficient to control the bleeding without moving the broken bone.
3. Do not elevate the limb.
4. If bleeding is not controlled, apply a second bandage over the first.
5. Call an ambulance immediately.
6. Care for **Shock.**

Sprains & Strains

What to look for:

A **sprain** is an injury to a joint. The child may have:

- swelling
- pain
- discoloration
- loss of movement

A **strain** is an injury caused by overstretching the muscles. The child may have:

- pain
- swelling

1. Encourage the child not to move.
2. If you suspect a sprain, do not move the child unless necessary. The injury could involve a broken bone.
3. Apply cold to the injured area. Do not allow ice to touch the skin. Wrap the ice in a towel or cloth.
4. Seek medical attention.
5. Care for **Shock.**

Poison

Swallowed — Conscious Child

What to look for:
If a chemical has been swallowed, the child may have the following:
- burning sensation in the mouth, throat, stomach
- cramps, gagging, diarrhoea.

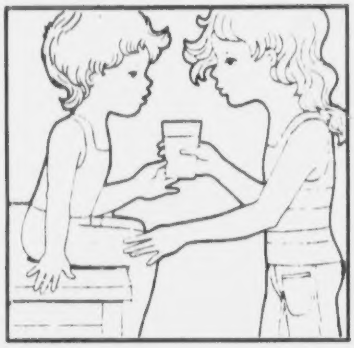
If a plant or drug has been swallowed, the child may have the following:
- vomiting, convulsions
- drowsiness, slurred speech
- lack of coordination
- dizziness

1. Identify the poison.

2a. **Drugs and medicine:** Do **not** give the child liquids. Call the Poison Control Centre for instructions.

2b. **All other poisons:** First give the child half a glass of water, then immediately call the Poison Control Centre for instructions. If Poison Control is not listed in your phone book, call your hospital or doctor.

3. Care for **Shock.**



Note: Store in your first aid kit two or more 50 ml bottles of Syrup of Ipecac to induce vomiting. Use only when instructed by the Poison Control Centre. If the child is transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Swallowed — Unconscious Child

What to look for:
If a chemical has been swallowed, the child may
- have burns on or in the mouth
- not be breathing
- be unconscious

If a plant or drugs have been swallowed, the child may
- vomit
- be unconscious
- not be breathing
- have convulsions

CAUTION: Never attempt to make an unconscious child vomit.

1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If not breathing, give **Rescue Breathing.**
2. If the child is breathing, place in the semi-prone position and treat for **Unconsciousness.**
3. Care for **Shock.**

Note: If the child is to be transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Poison

On the Skin

What to look for:

The child who has come into contact with chemicals or a poisonous plant will have any of the following:

- burning, itching, swelling, blisters
- headache, fever.

1. Remove chemically contaminated clothing. Be careful not to contaminate yourself.
2. Flush the skin with cool water for at least 10 minutes. Be careful to avoid getting any of the chemical into the child's eyes.
3. Do not break blisters.
4. Identify the poison.
5. Call the Poison Control Centre for advice.
6. Care for **Shock.**

Inhaled

What to look for:

The child may have any of the following:

- irritated eyes, nose, throat
- coughing, shortness of breath, dizziness
- vomiting, convulsions
- bluish colour around the mouth
- unconsciousness

1. Take the child to fresh air. Protect yourself from the gases.
2. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If child is not breathing give **Rescue Breathing.**
3. If the child is unconscious and breathing: place in semi-prone position and treat for **Unconsciousness.**
4. If the child is conscious, call the Poison Control Centre for advice.
5. Care for **Shock.**

Burns

Heat Burns

CAUTION: Clothes may stick to the skin. Do not remove them. Do not break blisters. Never use greasy ointments, butter, lotions or creams.

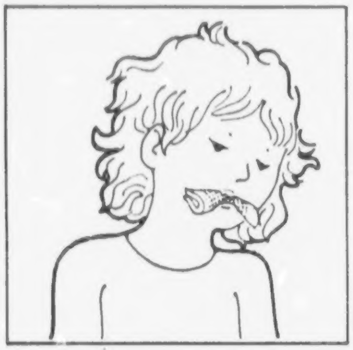
1. Immerse the burned area in cold water for at least 5 minutes and as long as the pain lasts. Do not use ice.
2. Cover the burn with a sterile, non-stick dressing.
3. Serious burns require immediate medical attention. These include red burns 5 cm (2") or more in diameter and all burns which are blistered, white or black.
4. Care for **Shock.**

Chemical Burns

CAUTION: If the chemical is a powder, brush off as much as possible with a clean cloth before flushing with water.

1. Remove contaminated clothing.
2. Flush the skin with large amounts of cold water for 15 minutes. Use a shower or hose for large body areas.
3. Cover the burned area with a sterile cloth.
4. Seek medical attention immediately.
5. Care for **Shock.**

Teeth



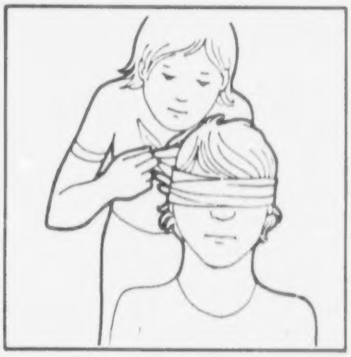
If a tooth is knocked out or broken:

1. Tilt the child's head forward to prevent choking on blood.
2. Use direct pressure on mouth wounds. Use a piece of gauze or clean cloth over the socket. Have the child bite down to hold the dressing in place.
3. Collect knocked-out or broken teeth. If soiled, place them in a moist cloth and keep them warm in the palm of your hand. If the child is old enough, place clean teeth between the gum and the cheek. Have the child bite down to avoid swallowing the teeth.
4. Seek **dental** attention immediately to have the tooth re-implanted.
5. Care for **Shock.**

Eyes

Foreign Object Embedded in the Eye

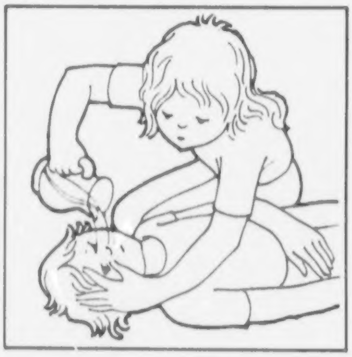
1. Instruct the child not to rub the injured eye.
2. Do not remove a foreign object.
3. Do not remove contact lenses.
4. Cover both eyes to reduce eye movement. Use a loose bandage to avoid pressing foreign objects against the eye.
5. Seek medical attention immediately.
6. Care for **Shock.**



Chemical in the Eye

CAUTION: Do not wash the chemical into the uninjured eye.

1. Flush the eye thoroughly with lukewarm water for at least 15 minutes.
2. Cover both eyes to reduce eye movement.
3. Seek medical attention immediately.
4. Care for **Shock.**



Bites and Stings

Insects

CAUTION: Most insect bites, although painful and uncomfortable, are harmless. However, if a child shows signs of breathing difficulty, call an ambulance immediately. If a bee or wasp sting causes a reaction, find out if the child is carrying a "sting kit", and help him use it.

1. Wash the affected area. Remove the stinger by gently scraping the skin with a knife. Do not use tweezers as squeezing the stinger may inject more poison.
2. Apply a cold compress to the bite area to control swelling. Calamine or other lotion may be used to relieve itching.
3. Care for **Shock.**

FIRST AID KITS

Field Trips

When making arrangements to take a group of students on a short field trip, plan to take along a first aid kit which includes **at least** the following items. Use a checklist to ensure that you have not forgotten any item.

- 2 Triangular bandages ☐
- 2 Small wound dressings ☐
- 2 Medium wound dressings ☐
- 10 Non adherent wound dressings ☐
- 2 3-cm Gauze rolls ☐
- 2 5-cm Gauze rolls ☐
- 1 Tape roll ☐
- 20 Alcohol wipes ☐
- ________ ☐
- ________ ☐
- ________ ☐

- 40 Bandage strips ☐
- 1 Tweezers ☐
- Mild antiseptic ☐
- 2 Elastic roller bandages ☐
- 20 Safety pins ☐
- 1 Scissors ☐
- Red Cross First Aid reference manual ☐
- ________ ☐
- ________ ☐
- ________ ☐
- ________ ☐

Wilderness Trips

To protect your students on a wilderness day trip, during the summer months, include **at least** the following items in your first aid pack. Use a checklist to ensure that you have not forgotten any item.

- 2 Triangular bandages ☐
- 2 Small wound dressings ☐
- 2 Medium wound dressings ☐
- 10 Non-adherent dressings ☐
- 4 3-cm Gauze rolls ☐
- 4 5-cm Gauze rolls ☐
- 1 Tape roll ☐
- 1 Scissors ☐
- 20 Alcohol wipes ☐
- 40 Bandage strips ☐
- Mild antiseptic ☐
- 2 Elastic roller bandages ☐
- 10 Safety pins ☐
- Coins (emergency phone calls) ☐
- Salt tablets ☐
- Needle and thread ☐
- Waterproof, windproof matches ☐
- ________ ☐
- ________ ☐
- ________ ☐

- 1 Knife ☐
- 1 Flashlight ☐
- 1 Whistle ☐
- 1 Blanket or sleeping bag ☐
- 2 Splints ☐
- 10 Splint ties ☐
- Burn cream ☐
- Halazone tablets ☐
- Hard candies ☐
- Sun screen ☐
- Insect repellent ☐
- Moleskin ☐
- Pencil and paper (messages) ☐
- Soap ☐
- Lip balm ☐
- 2 Instant cold packs ☐
- Red Cross First Aid reference manual ☐
- ________ ☐
- ________ ☐
- ________ ☐

Always be prepared for an emergency situation! For mountain trips, make sure every student has sufficient clothing to handle extreme changes in weather.

ACCIDENT REPORTING

All school districts require that an accident report be completed for every student who has been involved in a school-related accident. For the most part, copies of the report are filed at the School District Office and at the particular school where the accident occurred.

Although the format of the accident report as well as the reporting/filing procedures will vary from school district to school district, the information required is usually the same.

Accident reports should be designed to record **at least** the following information:

Name, age, address and **telephone number** of the injured student;

Date and **time** of the accident;

Details of the accident (location, circumstances and number of people involved);

Nature of the injury (part of body and severity of injury);

First aid administered to the student at the time of the accident;

Names of witnesses;

Name of person delivering first aid;

Attending physician or **admitting hospital**;

Name of supervisory teacher.

In addition to the legal requirements of accident reporting, schools can benefit tremendously from maintaining accurate accident records. From them can be secured the following:

Data: Such information can be used in the future to classify the types and severity of accidents occurring in a particular school.

Guidance: Students, teachers and parents can all learn from real experience ways to avoid accidents in the future; safety materials for students can be devised directly from the data recorded.

Evaluation: Safety precautions currently in effect can be frequently re-evaluated to maintain a safe environment for students at all times.

Support: With the data secured from accident reports, schools are in a much better position to receive such items as better gym apparatus, safer playground equipment, needed sidewalks or crosswalks and better lighting.

KINDERGARTEN

ALCOHOL AND OTHER DRUGS

ALCOHOL AND OTHER DRUGS

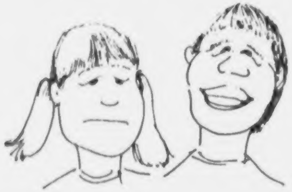
KINDERGARTEN LESSON: 1 THEME: SAFETY

CONCEPT: A POISON IS ANYTHING WHICH IS UNSAFE TO TASTE, EAT, DRINK OR SMELL

PREPARATION:
1. Prepare overhead transparencies of Safe or Unsafe? (Activity Sheets AD 1A to AD 1G)
2. A copy of Is This Safe to Eat? (Activity Sheets AD 2A to AD 2G)
3. "Safe to Eat" song (Activity Sheet AD 3)

VOCABULARY: safe, unsafe, poison, taste, hurt, ill, die, trust

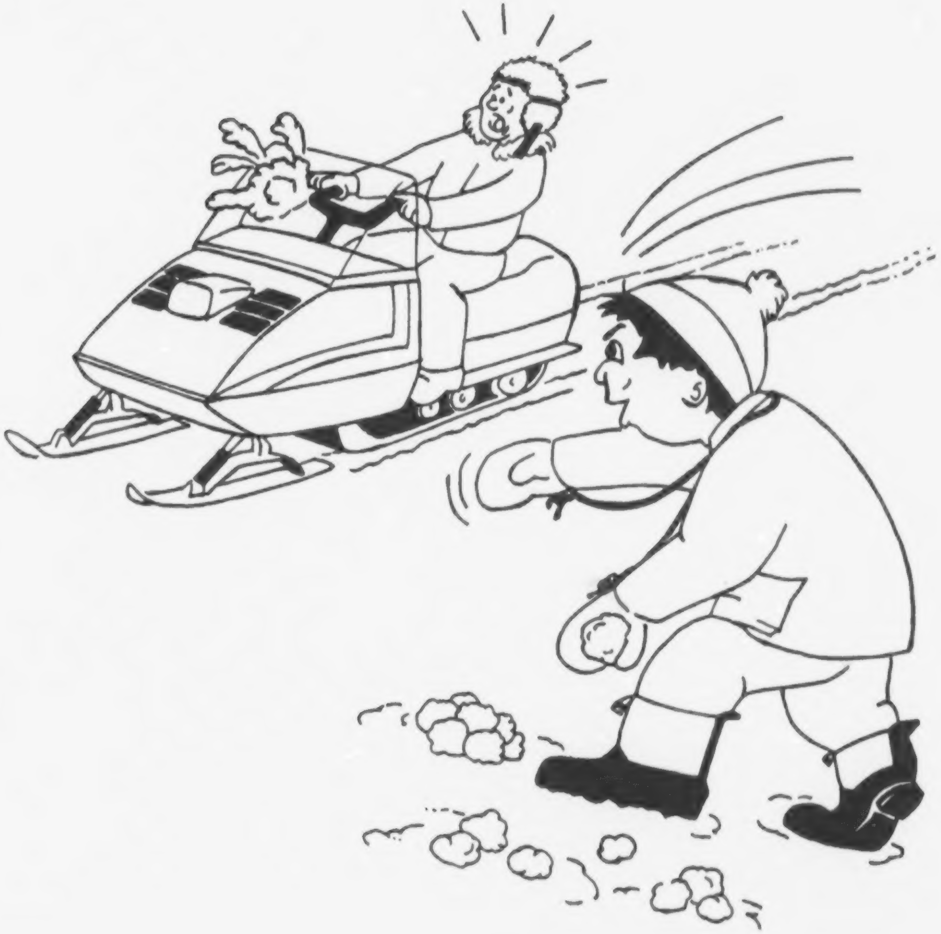
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to AD 76
i) identify safe/unsafe situations	1. Describe things which are safe to do and things which are not safe to do.	Talk about safe/unsafe situations with which the students are familiar.
	2. Identify activities which are safe or unsafe and tell what is safe/unsafe about each activity.	Refer to Activity Sheets AD 1A to AD 1G. Using the overhead transparencies, the following should be discussed: A. Snowballing/snowmobiler - throwing snowballs may be unsafe, eg. there may be a stone in the snowball. The snowmobile driver should be wearing a helmet. B. Playing with a knife - young children should be careful with sharp objects. Knives have a specific purpose - they should be used for that purpose; they are not for playing with.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		C. Using scissors - running around with scissors is unsafe; the little girl is sitting down using the scissors carefully. D. In boats - both people in the boat are sitting down; they both have life-jackets on. However, the fishing rod with the hook in a moving boat is unsafe. E. Playing with a gun - guns are the same as knives; they have a specific purpose. They should be used for only that purpose. Playing with a gun is unsafe. Also, looking down the barrel of a gun is unsafe. F. Cutting up caribou - the man is using a knife for the purpose for which it was intended. He is using it safely. G. Playing in old fridges - it is unsafe to play with old fridges or freezers - it is possible to get locked inside.
ii) identify some poisonous substances	3. Give examples of things safe to taste and unsafe to taste.	Explain that just as some things are safe to do and some things are unsafe, so some things are safe to taste or eat or drink and some things are unsafe. If something is unsafe to taste or eat or drink, it is a poison.
	4. Identify safe/unsafe substances.	Refer to Activity Sheets AD 2A to AD 2G. Explain that some of the things in the pictures are safe to eat, but some are poisons. Show each picture. If it is safe to taste, students must make a face that shows it is safe. If it's unsafe, they must make a face to show that it is unsafe to taste. 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		As students identify which substances are safe and which are unsafe, teachers can put them on the wall or blackboard in two rows - one with a happy face; one with a sad face. Talk about any other substances which the students know are unsafe. What might happen to you if you taste any of the poisons?
	5. Learn "Safe to Eat" song.	Refer to Activity Sheet AD 3. Teach the students the words of the "Safe to Eat" song. Use the safe/unsafe substances from Student Activity 4. Have the students sing the answers for each substance illustrated.
iii) explain why they should ask an adult they trust before tasting any unknown substance	6. Tell why it is important to ask an adult they trust before tasting something if they aren't sure what it is.	Ask the students what they should do if they do not know if something is safe to taste. (They should ask an adult they trust.) Ask the students to name someone they trust using a chain drill and sentence patterns as shown: Teacher: Who is an adult that ***you*** trust? Teacher: I trust Rev. Smith. Teacher: Who is an adult that ***you*** trust? First Student: I trust ***my mother***. First Student: Who is an adult that ***you*** trust? Second Student: I trust ***my grandmother***. Etc.

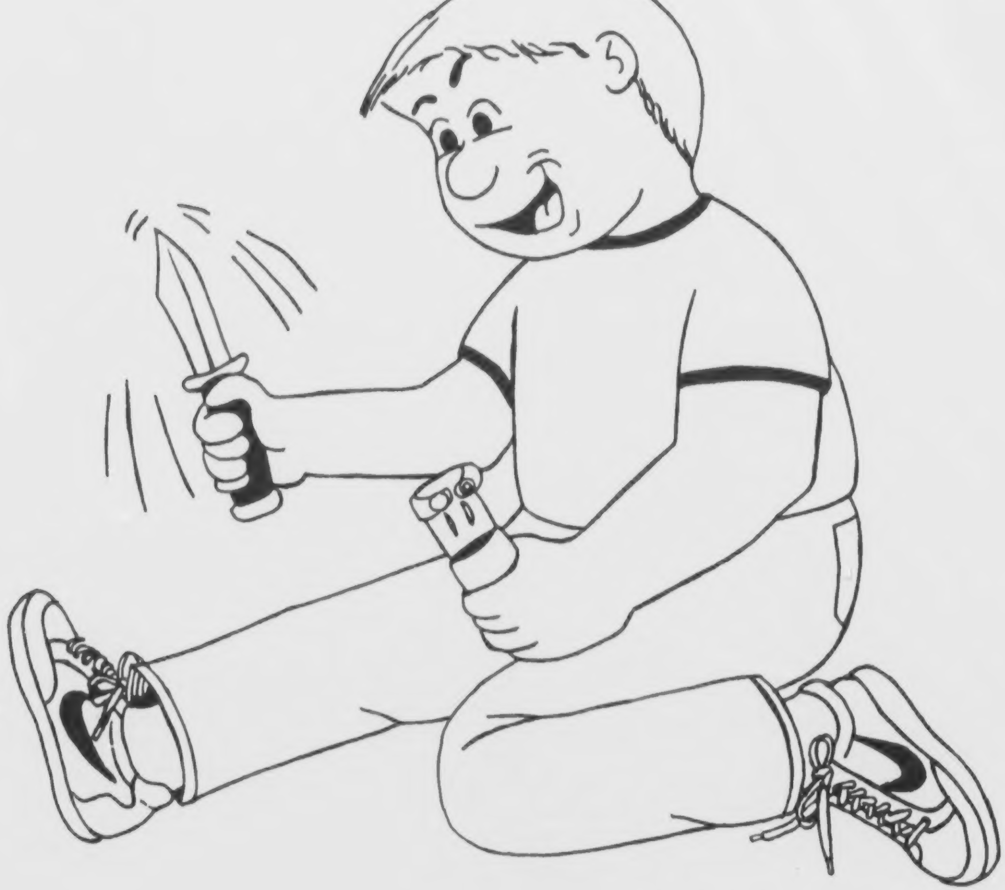
SAFE/UNSAFE DRAWINGS

AD 1A



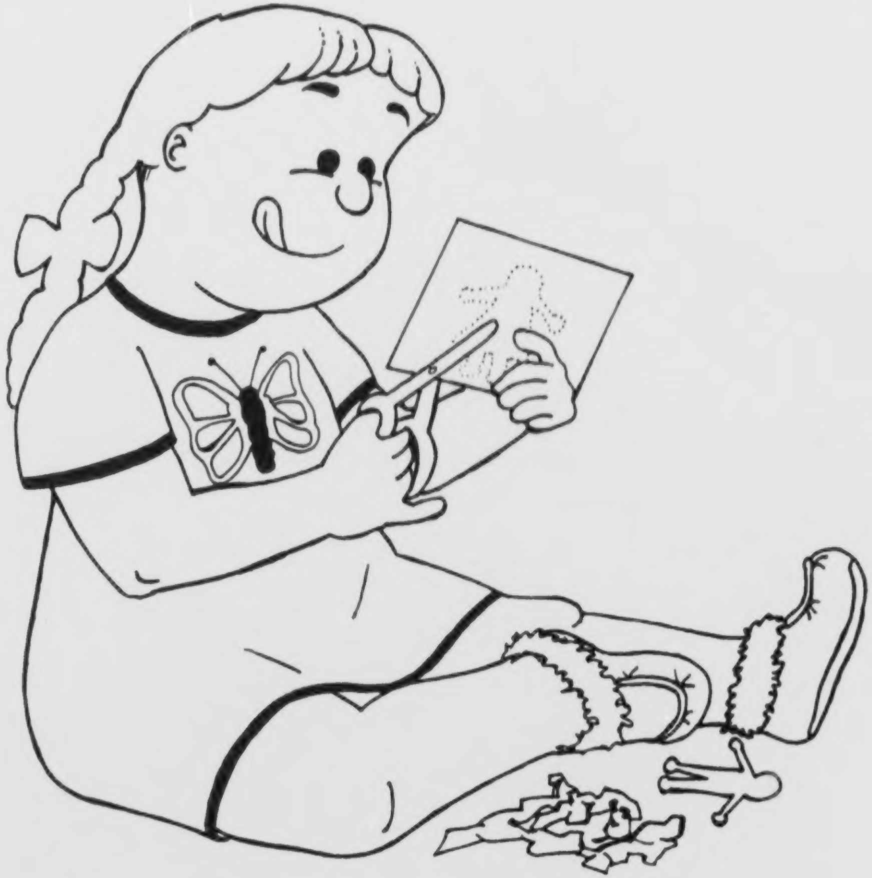
SAFE/UNSAFE DRAWINGS

AD 1E



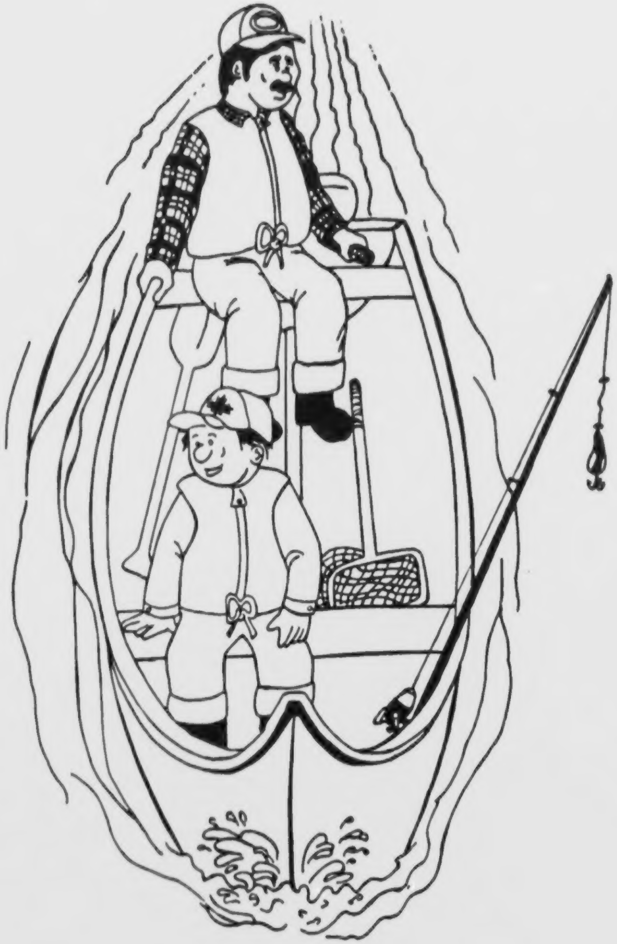
SAFE/UNSAFE DRAWINGS

AD 1C



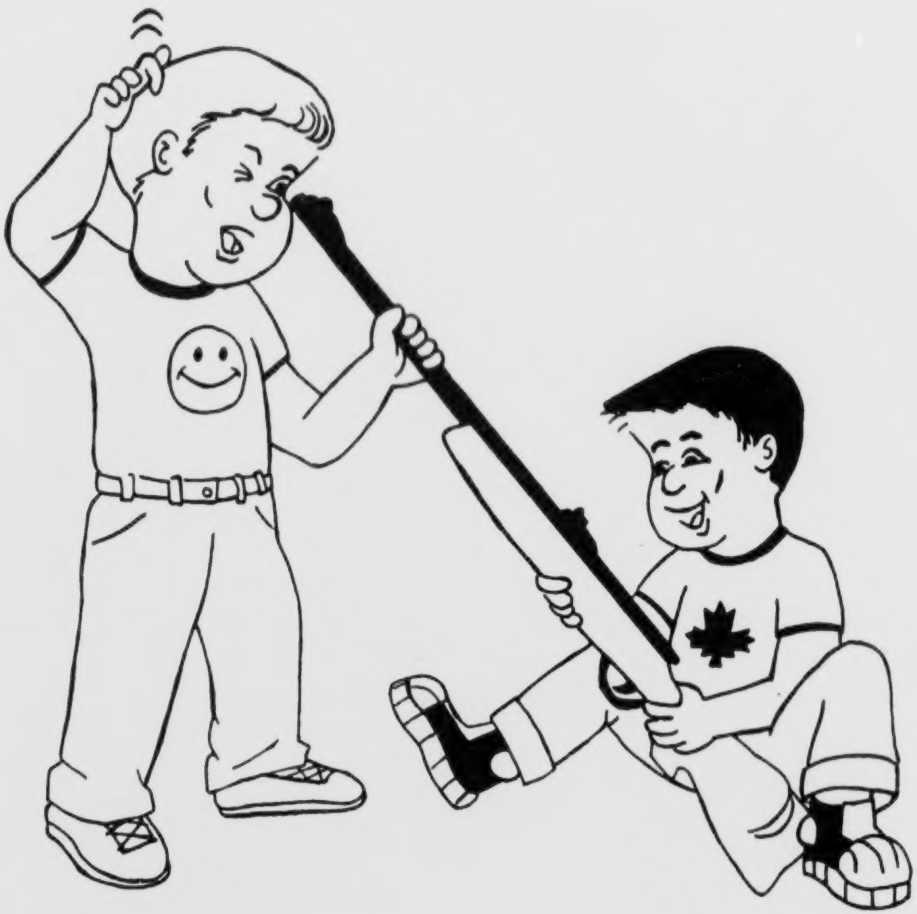
SAFE/UNSAFE DRAWINGS

AD 1D



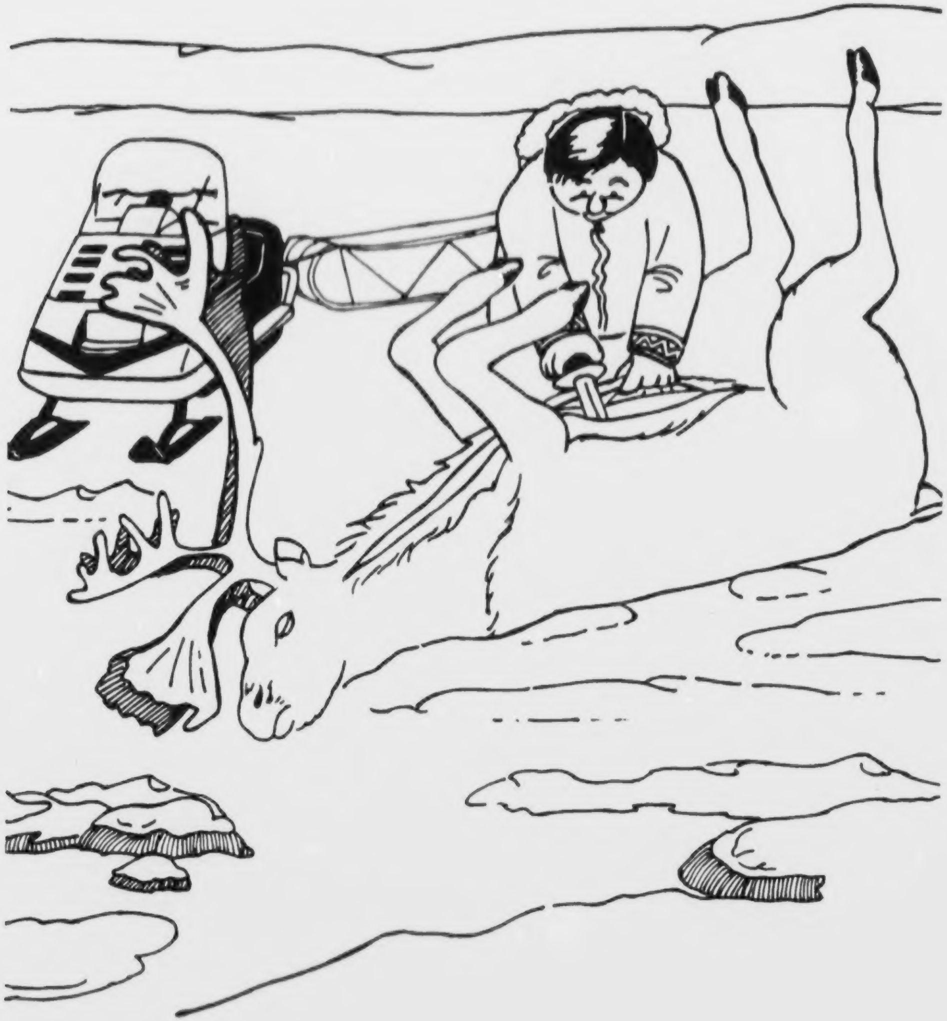
SAFE/UNSAFE DRAWINGS

AD 1E



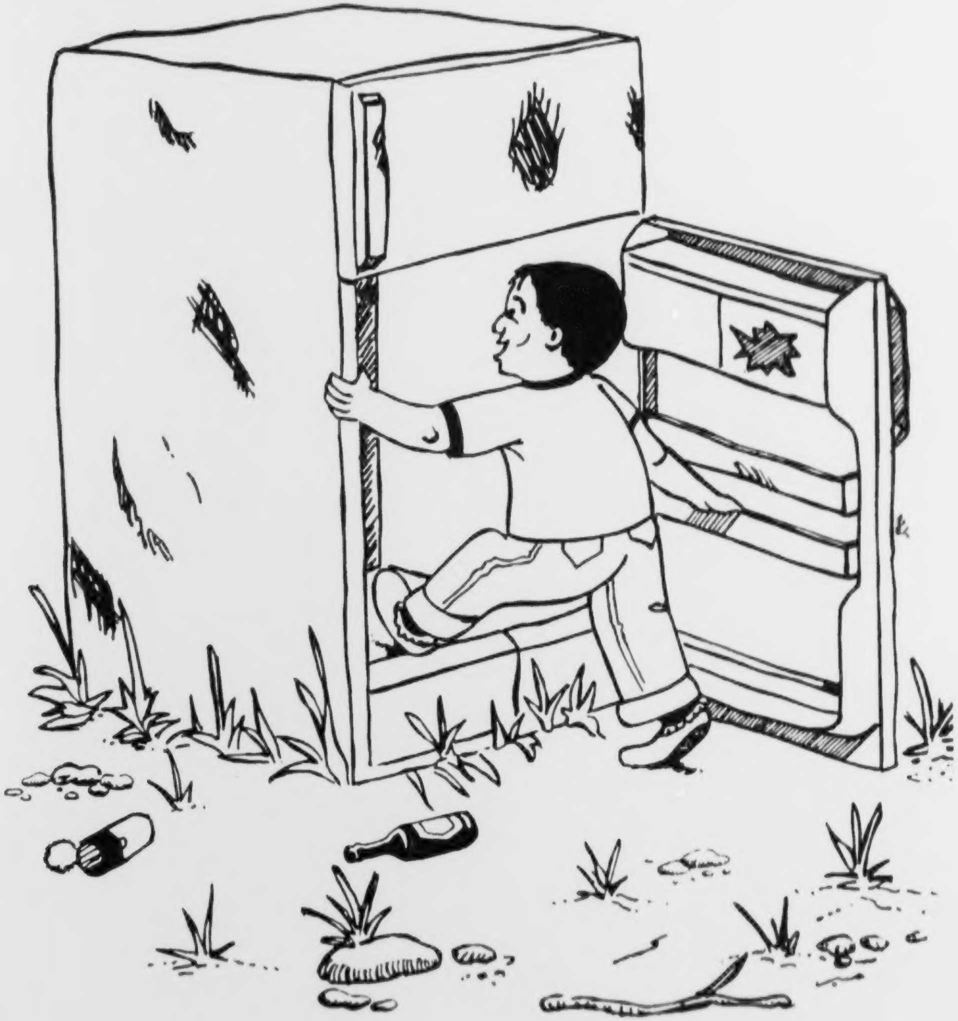
SAFE/UNSAFE DRAWINGS

AD 1F



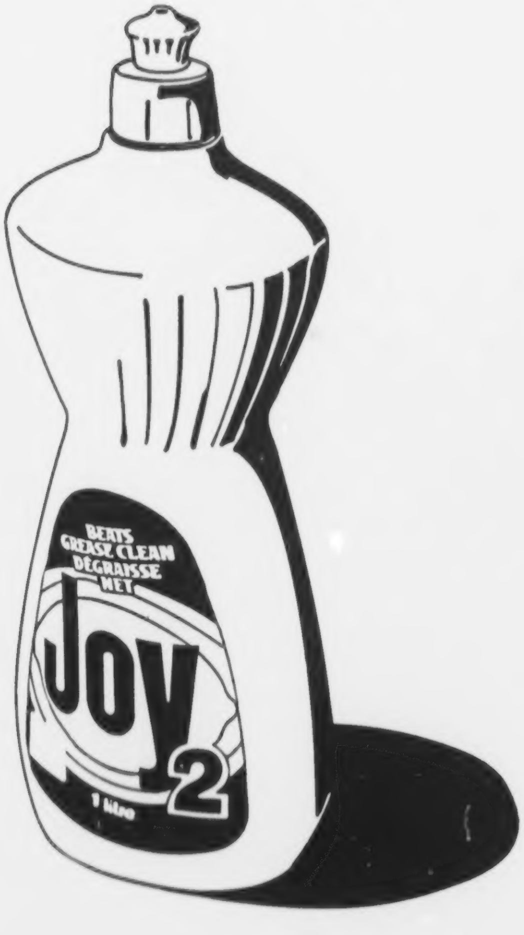
SAFE/UNSAFE DRAWINGS

AD 1G



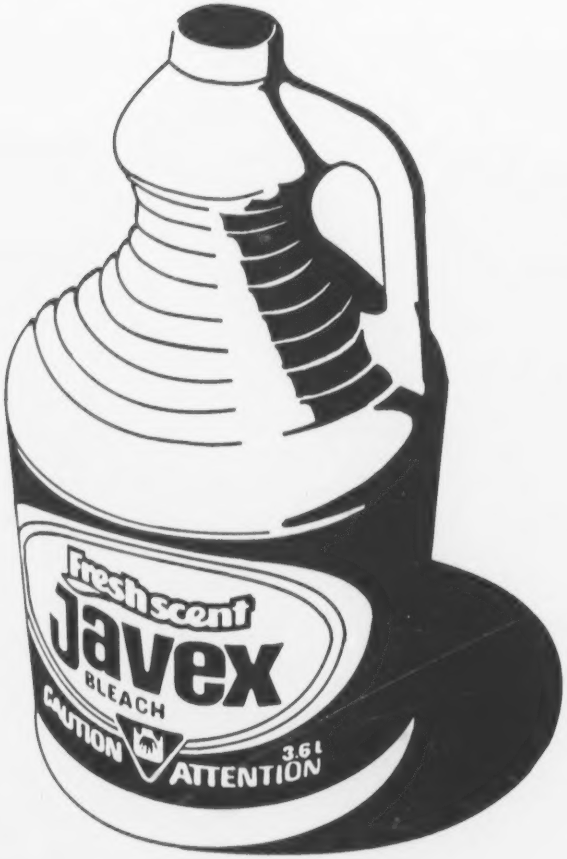
IS THIS SAFE TO EAT?

AD 2A


BEATS
GREASE CLEAN
DÉGRAISSE
NET
JOY
2
1 litre

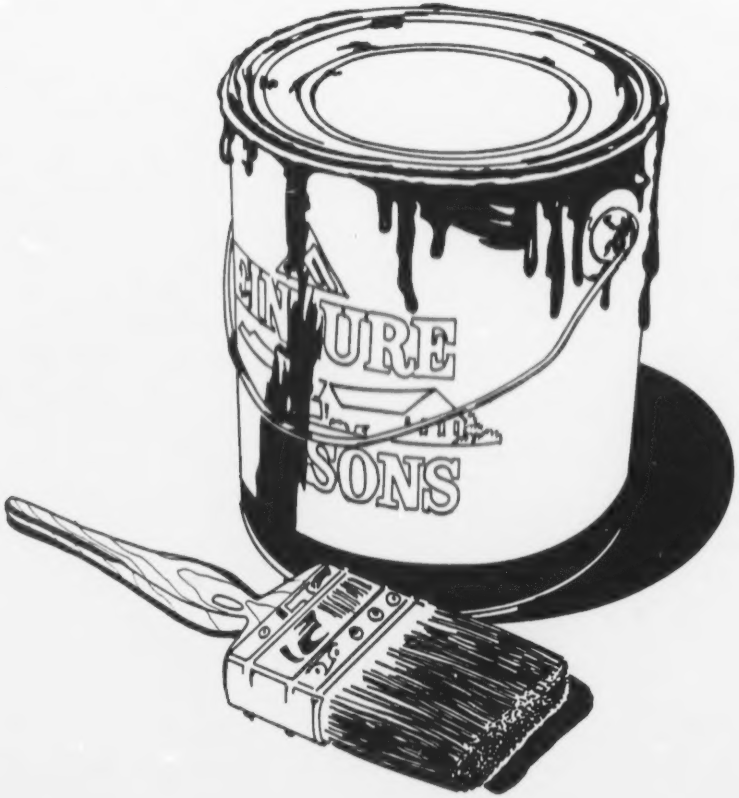
IS THIS SAFE TO EAT?

AD 2B


Fresh scent
Javex
BLEACH
CAUTION
ATTENTION
3.6 l

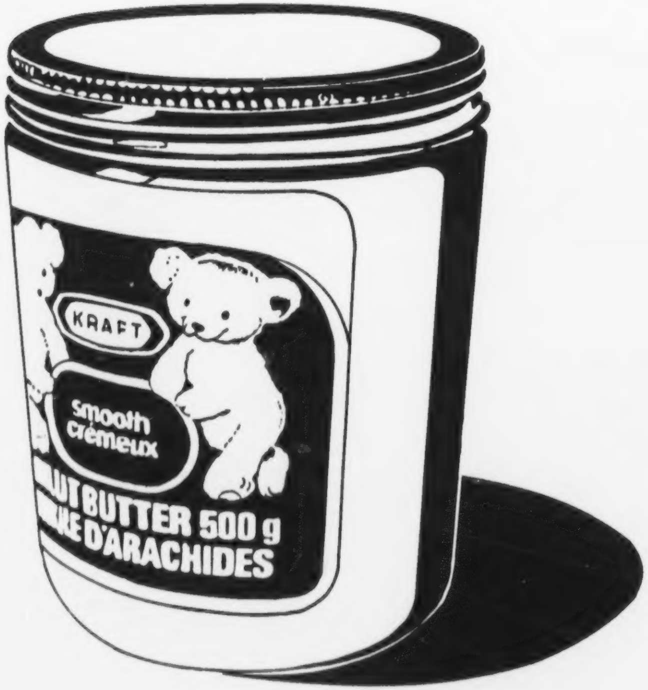
IS THIS SAFE TO EAT?

AD 2C



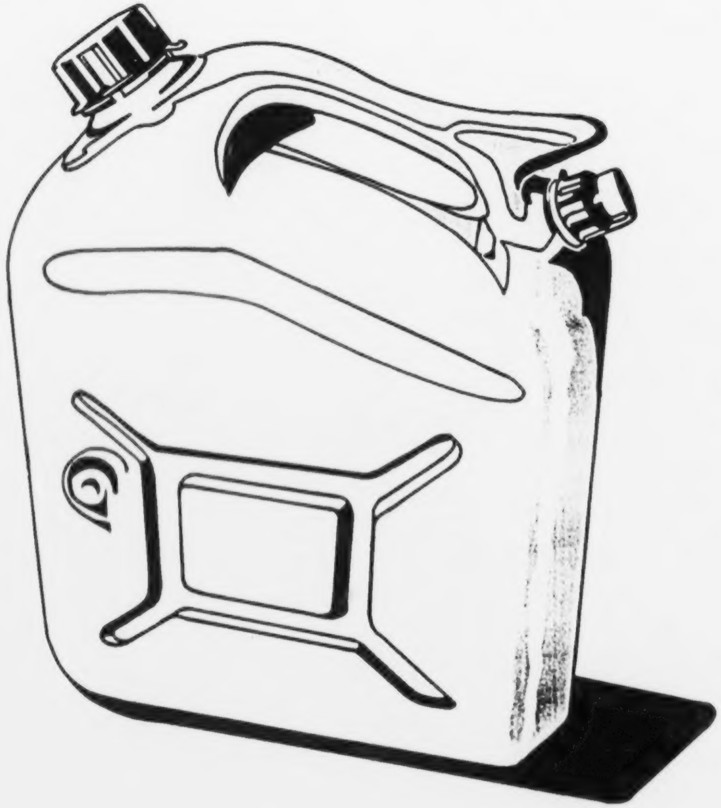
IS THIS SAFE TO EAT?

AD 2D


KRAFT
smooth
crémeux
UT BUTTER 500 g
E D'ARACHIDES

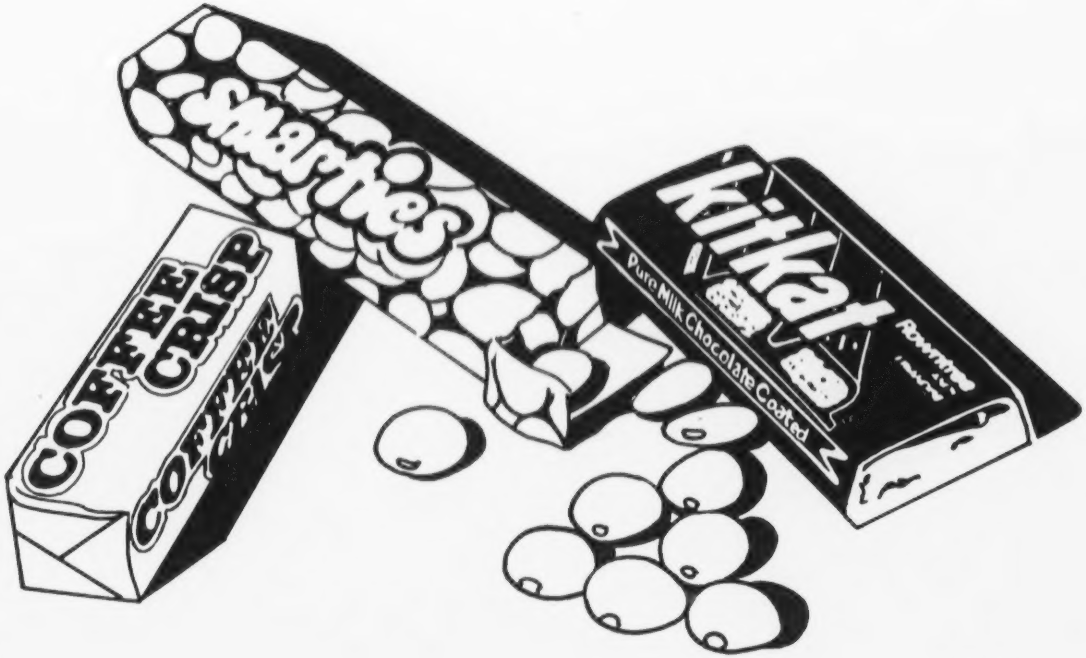
IS THIS SAFE TO EAT?

AD 2E



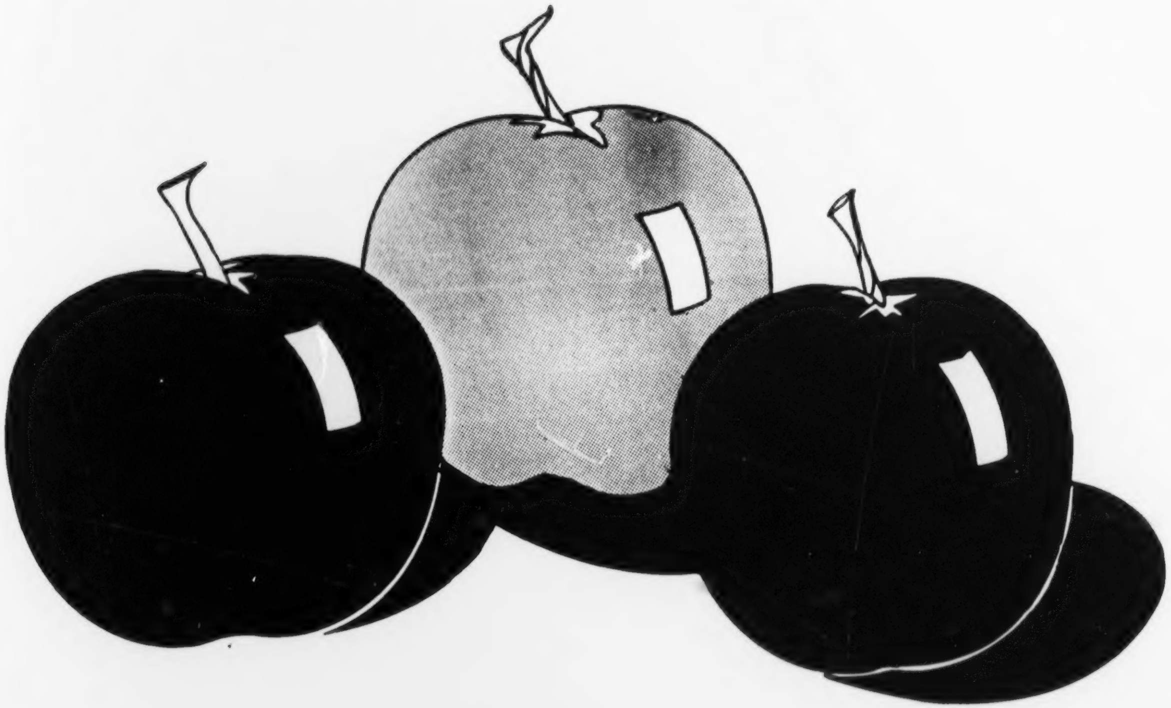
IS THIS SAFE TO EAT?

AD 2F


COFFEE CRISP
COFFEE CRISP
Smarties
KitKat
Pure Milk Chocolate Coated
Rowntree

IS THIS SAFE TO EAT?

AD 2G



"SAFE TO EAT"

(Tune: Mary Had A Little Lamb)

Verse 1: Teacher (showing picture of safe or unsafe substance)

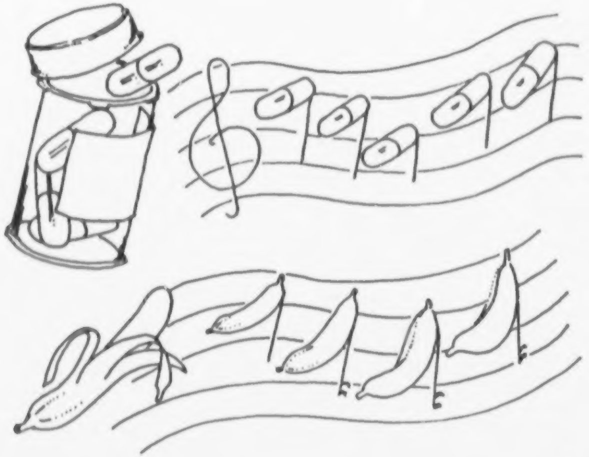
Is this very safe to eat?
Safe to eat?
Safe to eat?
Is this very safe to eat?
Is it safe to eat?

Verse 2: Students (depending on whether it is safe or unsafe)
(Nodding and rubbing stomachs)

Yes, it's very safe to eat,
Safe to eat,
Safe to eat,
Yes, it's very safe to eat
Yum, Yum, Yum!

Verse 3: Students
(Shaking heads and making faces)

No, it isn't safe to eat,
Safe to eat,
Safe to eat,
No, it isn't safe to eat,
No! No! No! (or Yuk! Yuk! Yuk!)



ALCOHOL AND OTHER DRUGS

KINDERGARTEN LESSON: 2 THEME: SAFETY

CONCEPT: A POISON IS ANYTHING WHICH IS UNSAFE TO TASTE

PREPARATION:

1. A copy of Is This Safe to Eat? (Activity Sheets AD 2A to AD 2G) from Lesson 1
2. Large poison sign (Activity Sheet AD 4)
3. A collection of empty containers with the poison sign or visit the janitor's room to look at the cleaning products
4. Arrange with the manager of a local store for a visit by the students
5. Sufficient number of tongue depressers or other counters
6. Prepare a class set of the Poison Sign Sheet (Activity Sheet AD 5)

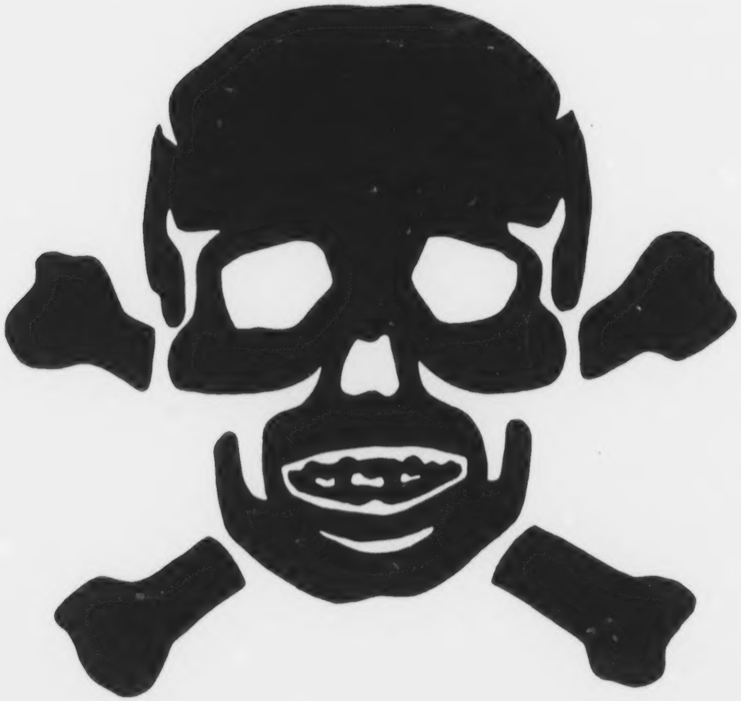
VOCABULARY: safe, unsafe, poison, sign, taste

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to AD 76
i) identify some poisonous substances	1. Identify safe/unsafe substances.	Refer to Activity Sheets AD 2A to AD 2G. Review some poisonous substances. Review what a poison is and what it can do to you if it is swallowed.
ii) identify the poison warning sign	2. Tell the meaning of the poison warning sign.	Refer to Activity Sheet AD 4. Show the poison warning sign to the students. Talk about what it tells them. Explain that anything which has this sign is unsafe to taste, eat or drink.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify products with poison signs	3. Identify substances with the poison sign at school.	Show the students an empty container with the poison warning sign on it. Take the students to the janitor's room, shop, etc. Let them look for any products with poison signs on them. Review what the poison sign is telling the students. They should not taste anything with this sign. If they are not sure what something is, they should ask an adult they trust.
	4. Count how many products with poison signs they can find.	Prior to class arrange for a visit to a local store to identify products with poison signs. Before visiting the store, explain to the students that they are going to look for products which have a poison sign on them. Each time they see a product with a poison sign, give them a tongue depressor or a similar counter to hold. At the end of the visit, count up the number of counters they each have.
	5. Glue poison signs on unsafe products at home.	Refer to Activity Sheet AD 5. Distribute the poison sign sheet to the students. Explain that they have to take them home and, WITH THEIR PARENT'S HELP, stick them on products which have a poison sign.

POISON SIGN

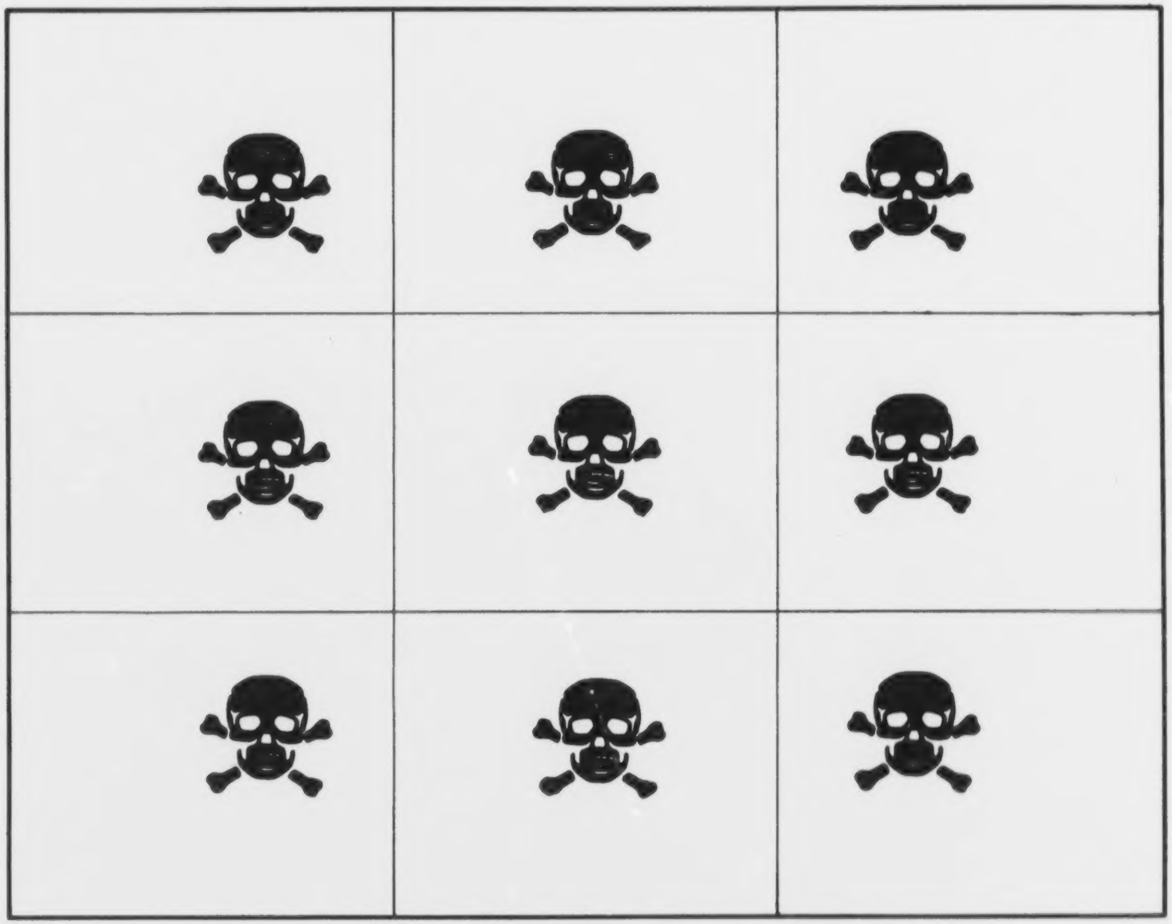
AD 4



411

412

POISON SIGN SHEET



ALCOHOL AND OTHER DRUGS

KINDERGARTEN LESSON: 3 THEME: SAFETY

CONCEPT: A POISON IS ANYTHING WHICH IS UNSAFE TO TASTE

PREPARATION:

1. Make fishing rod using a magnet as the hook
2. Make copies of the Safe/Poisonous Fish Cards (Activity Sheets AD 6A, 6B); cut up into individual cards and put paper clips on each card
3. Containers for students to fish cards out of
4. Collect a number of substances to demonstrate things that are safe to taste, things which are poisonous, and things which they are not sure about
5. Large poison sign (Activity Sheet AD 4) from Lesson 2

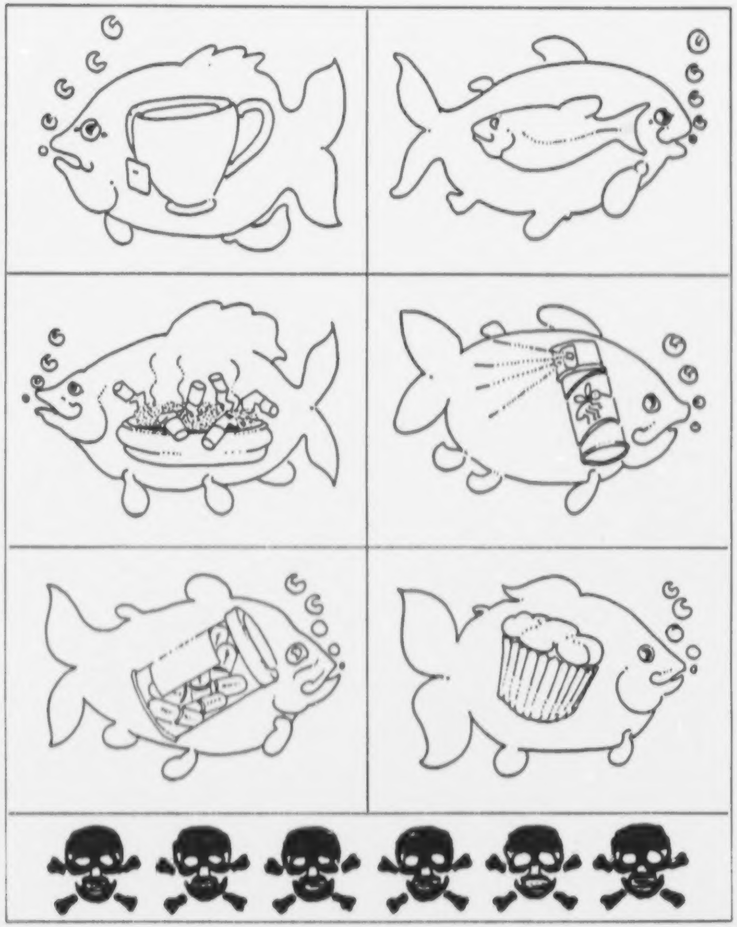
VOCABULARY: safe, unsafe, poison, poisonous

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to AD 76
i) identify some poisonous substances	1. Identify safe/unsafe substances.	Review some of the substances which are poisons and review the definition of a poison.
	2. Fish for safe or poisonous substances.	Refer to Activity Sheets AD 6A, 6B, 6C.
		Explain to the students that they are going to play a fishing game. They will be given a fishing rod. They have to fish a card out of the pond. They have to hold the card up for the other students to see. They must decide if it is something which is safe to taste. Then another student can have a turn fishing.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify the poison warning sign	3. Review the meaning of the poison warning sign.	Refer to Activity Sheet AD 4, from Lesson 2. Review the poison warning sign.
iii) explain why they should not taste, eat or drink anything if they don't know what it is	4. Identify things which are safe to taste, things which are poisonous, and things which they are not sure about.	Show a number of substances. Students indicate whether each substance is safe, poisonous, or unknown.
	5. Explain why they should not taste, eat, or drink anything if they don't know what it is.	Remind students that they should not taste anything if they're not sure what it is. Before they taste anything, they must ask an adult they trust. If students do not know what a substance is, it might be poisonous. It could kill them.

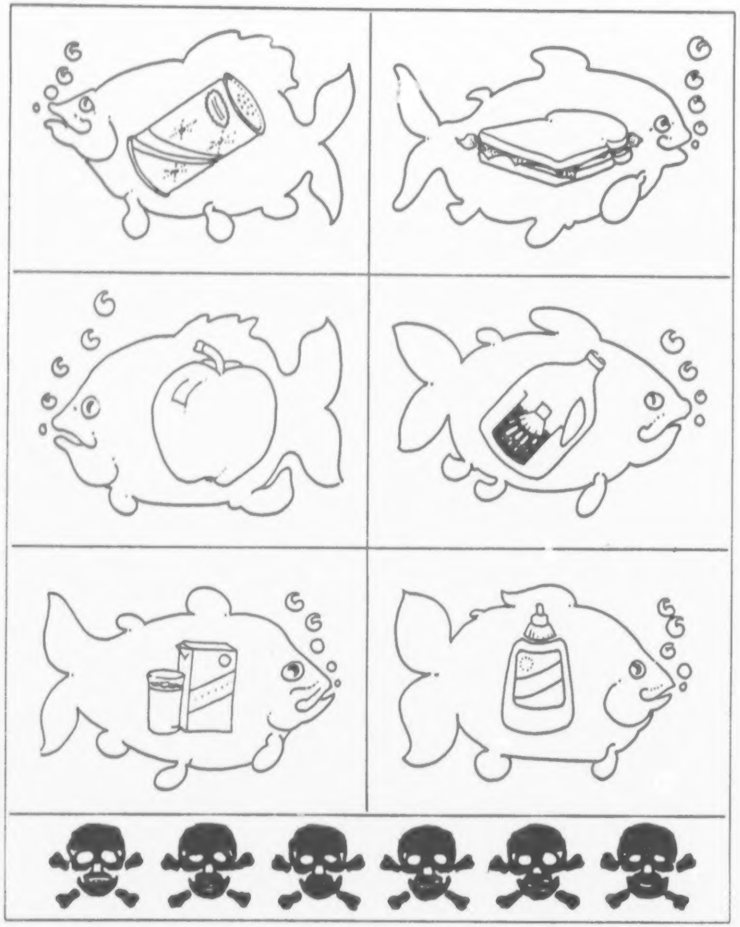
SAFE, POISONOUS FISH CARDS

AD 6A



SAFE, POISONOUS FISH CARDS

AD 6B



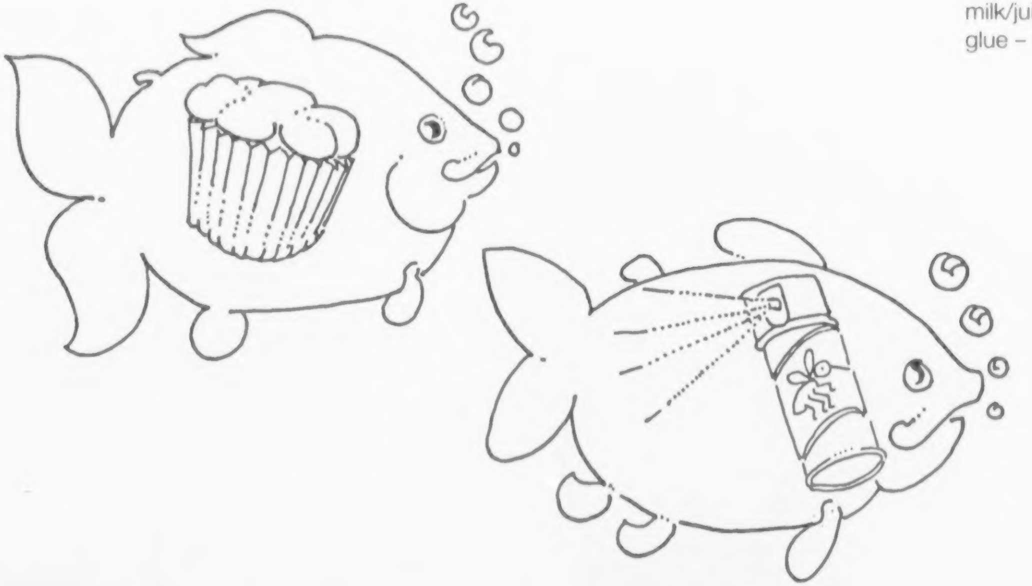
SAFE, POISONOUS FISH CARDS

AD 6C

(Teacher Answer Guide)

The substances shown on the "Fish" cards are as follows:

tea – safe
fish – safe
cigarettes – unsafe
bug spray – unsafe
pills – unsafe
cake/muffin – safe
cleanser – unsafe
sandwich – safe
apple – safe
bleach – unsafe
milk/juice – safe
glue – unsafe



KINDERGARTEN LESSON: 4 THEME: SAFETY

CONCEPT: MANY SUBSTANCES ARE UNSAFE AND HAVE WARNING SIGNS

PREPARATION:

1. Large poison sign (Activity Sheet AD 4)
2. A copy of the hazard warning signs (Activity Sheets AD 7A, 7B, 7C)
3. A copy of Containers With Hazard Warnings (Activity Sheets AD 8A to AD 8E)
4. Prepare a class set of the "Warning Sign" worksheet for each student in your class (Activity Sheet AD 9)

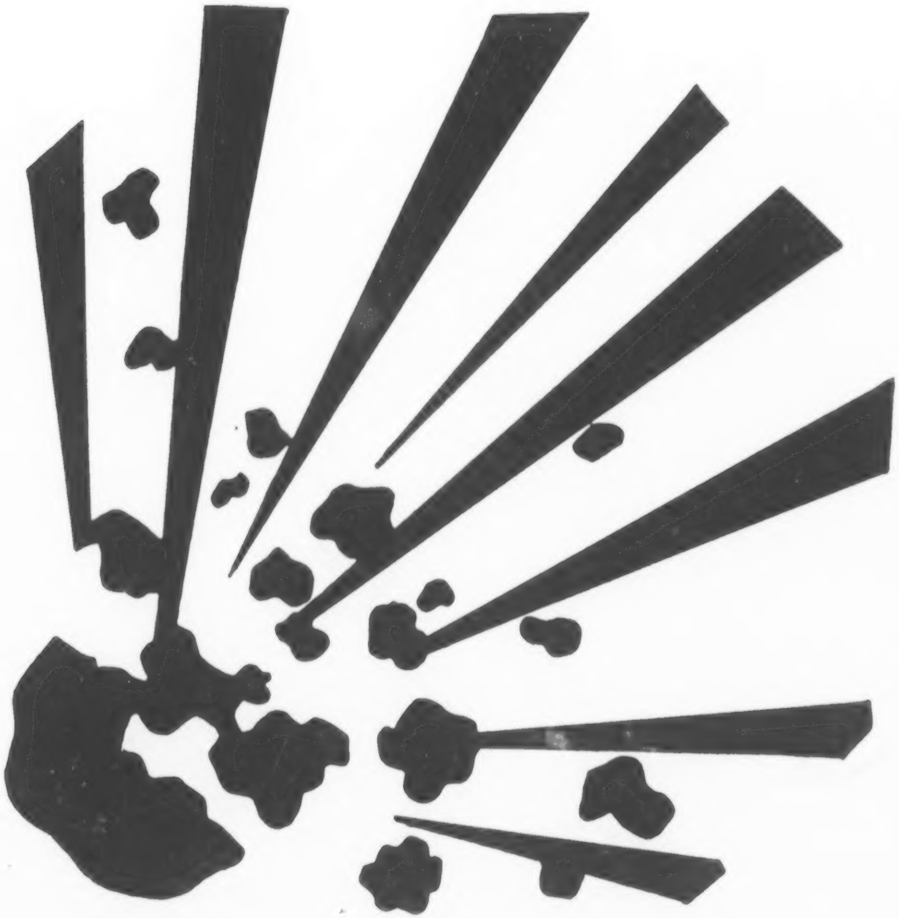
VOCABULARY: warning, safe, unsafe, sign

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to AD 79 Students in Kindergarten do not need to know the name or meaning of each hazard warning symbol. They just need to know that when they do see the symbols to stay away from these substances.
i) identify the hazard warning signs	1. Recognize the four hazard warning signs.	Refer to Activity Sheet AD 4. Use the poison warning sign. Review what it is and what it tells students. Refer to Activity Sheets AD 7A, 7B, 7C. Using the other hazard warning signs, explain that these are also signs which show that substances are unsafe.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) explain why they should not touch any substance with a hazard warning sign	2. Identify and demonstrate their understanding of hazard warning signs and unsafe substances.	Refer to Activity Sheets AD 4, AD 7A, 7B, 7C and AD 8A, 8B, 8C, 8D, 8E. Show the students the pictures of containers with hazard warning signs. Ask them to match the signs on the containers with the signs on Activity Sheets AD 4 and AD 7A, 7B, 7C. Explain that when students see any substances with these signs, they should not touch them because they are not safe for children.
	3. Identify hazard warning signs on hazardous substances by colouring them.	Distribute the "Warning Sign" worksheets. Explain that some of the substances in the pictures have warning signs and some do not. The students have to colour the ones with hazard warning signs.

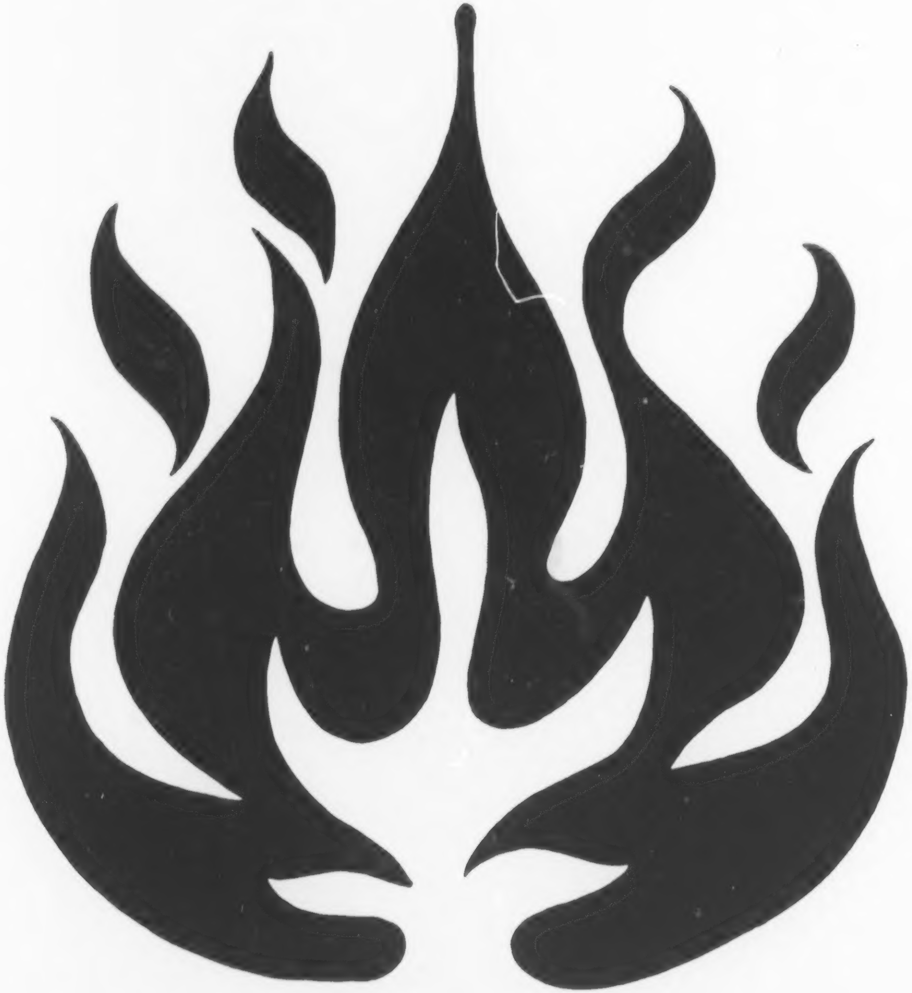
HAZARD WARNING SIGNS

AD 7A



HAZARD WARNING SIGNS

AD 7B

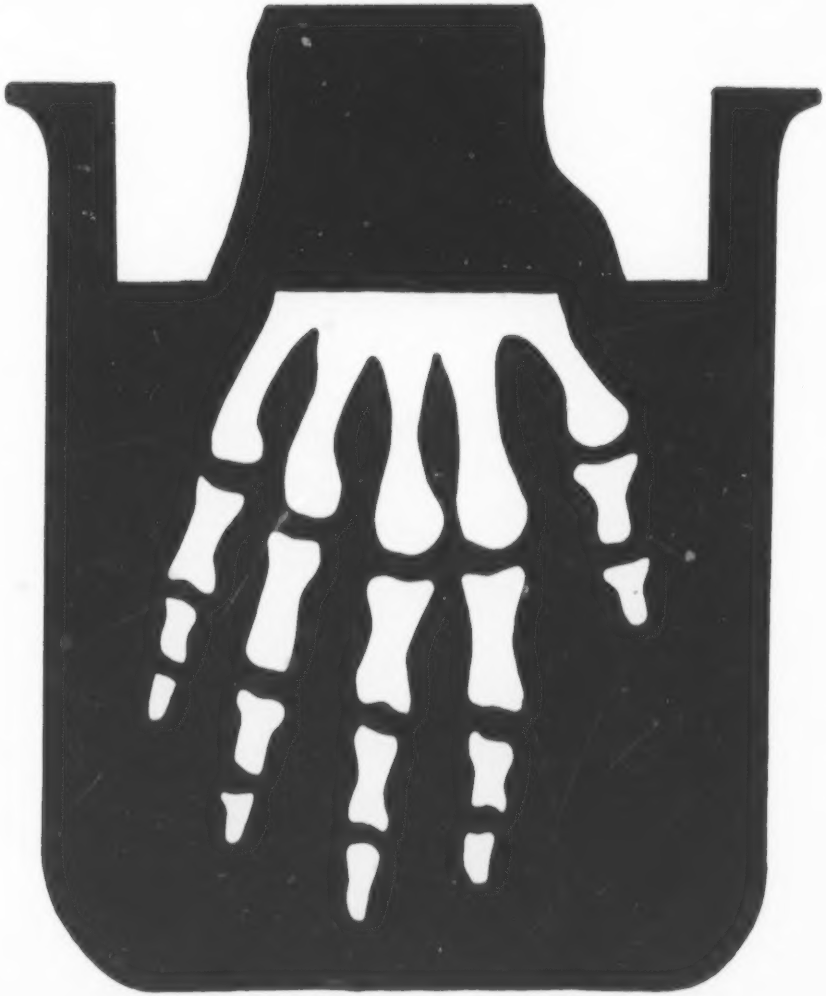


461

462

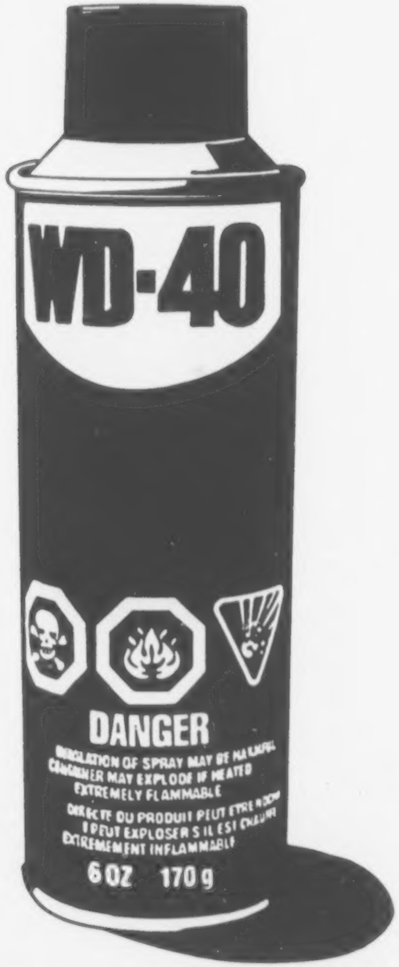
HAZARD WARNING SIGNS

AD 7C



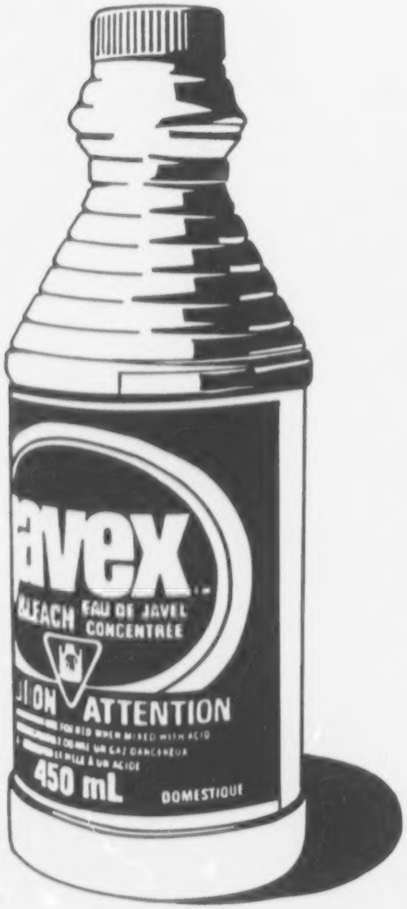
CONTAINERS WITH HAZARD WARNINGS

AD 8A


WD-40
DANGER
INHALATION OF SPRAY MAY BE HARMFUL
CONTAINER MAY EXPLODE IF HEATED
EXTREMELY FLAMMABLE
DIRECTE DU PRODUIT PEUT ETRE NOCIV
PEUT EXPLOSER S IL EST CHAUFF
EXTREMEMENT INFLAMMABLE
6 OZ 170 g

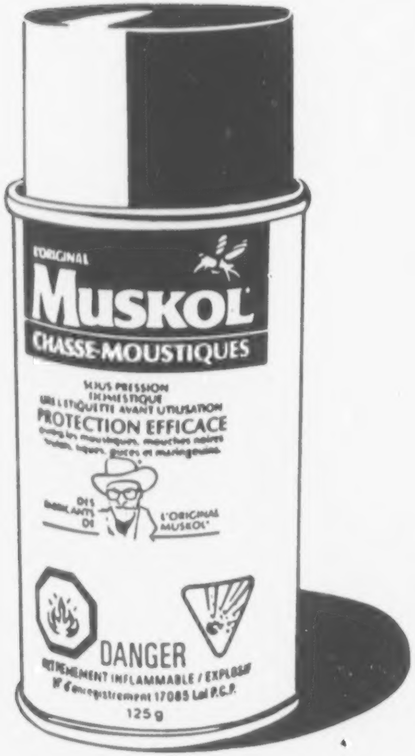
CONTAINERS WITH HAZARD WARNINGS

AD 8B


avex
BLEACH
EAU DE JAVEL CONCENTRÉE
ATTENTION
450 mL
DOMESTIQUE

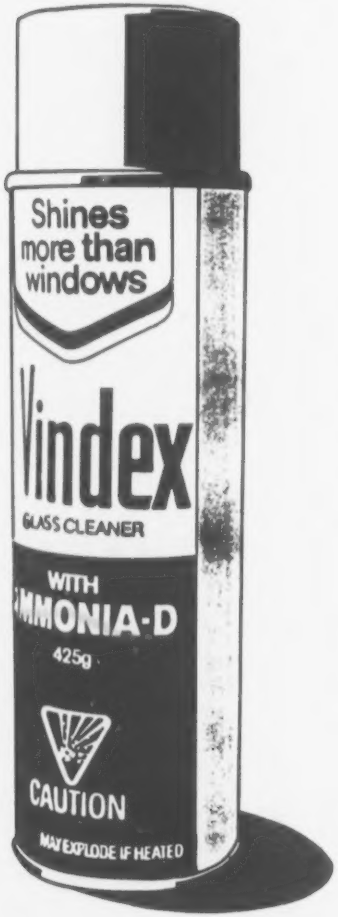
CONTAINERS WITH HAZARD WARNINGS

AD 8C


L'ORIGINAL
MUSKOL
CHASSE-MOUSTIQUES
SOUS PRESSION
DOMESTIQUE
LIRE L'ÉTIQUETTE AVANT UTILISATION
PROTECTION EFFICACE
DES FABRICANTS DE
L'ORIGINAL MUSKOL
DANGER
EXTRÊMEMENT INFLAMMABLE / EXPLOSIF
N° d'enregistrement 17085 Loi P.C.P.
125 g

CONTAINERS WITH HAZARD WARNINGS

AD 8D

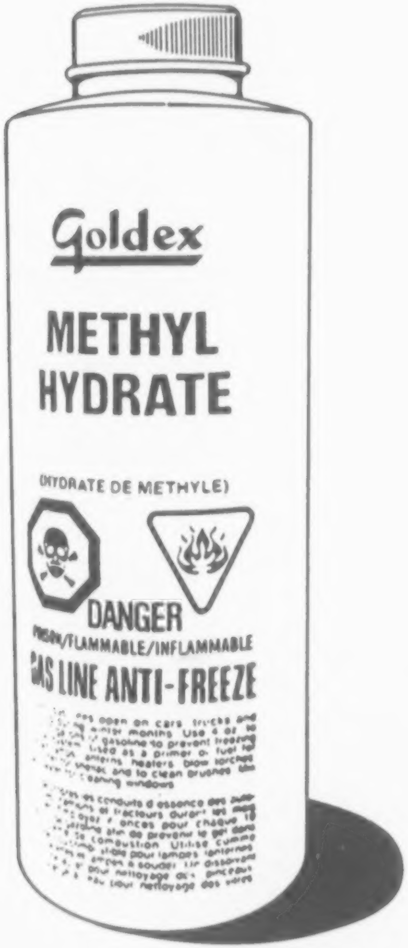

Shines more than windows
Vindex
GLASS CLEANER
WITH
AMMONIA-D
425g
CAUTION
MAY EXPLODE IF HEATED

471

472

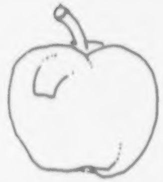
CONTAINERS WITH HAZARD WARNINGS

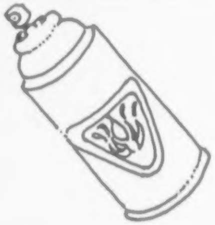
AD 8E

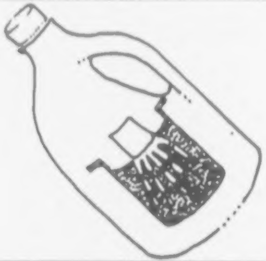

Goldex
METHYL
HYDRATE
(HYDRATE DE METHYLE)
DANGER
POISON/FLAMMABLE/INFLAMMABLE
GAS LINE ANTI-FREEZE

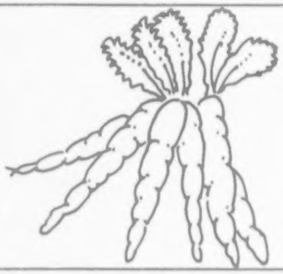
WARNING SIGN

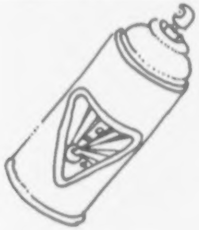
AD 9

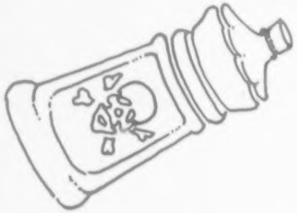


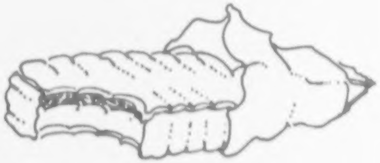












KINDERGARTEN
TEACHER BACKGROUND INFORMATION

ALCOHOL AND OTHER DRUGS

Teacher Background Information
Alcohol and Other Drugs

THE MAIN THEMES

The three broad themes covered in the Kindergarten to Grade 3 portion of the Alcohol and Other Drugs Program are:

- SAFETY	(This includes the development of safe attitudes towards such things as hazardous products, medicine, etc.)
- DRUGS	(Medicines are the first drugs on which students receive information. They later learn about other drugs.)
- WELL-BEING	(One of the main goals of the program is the development of healthy lifestyles. The relationship between responsible decisions involving hazardous products, medicines and other drugs and a person's well-being is emphasized.)

Each theme is presented under a separate heading. If, for example, teachers want information on, say, poisons, they should first turn to the safety section, then locate poisons within that section.

SAFETY

Introduction

From a very early age, children can begin to develop safe attitudes towards particular situations or substances which have the potential for producing harmful results. As they learn to identify dangerous situations, or substances which may be harmful, and as they learn some of the rules associated with these, they will also begin to make responsible decisions, not only in terms of what is familiar to them, but they will also be able to deal with the unknown. In the theme on safety, students learn to recognize and handle potentially dangerous situations with regard to hazardous products, medicines and other drugs.

The most important point of these lessons on safety is that, if students do not know, or are not sure what a substance is, they should not touch it without first asking an adult whom they trust. If they are unsure about whether a specific situation is safe or unsafe, they should not participate in what is happening, again without first asking an adult.

'AN ADULT YOU TRUST' is used to signify either a grown-up whom the students know well and believe - for example, mother, father, grandmother, etc. - or someone who would have particular knowledge about these topics - for example, a health professional, such as a doctor or nurse. If children name an older brother or sister or a friend, that person would have to be old enough to have accurate information on hazardous substances, medicines, drugs, etc.

'SAFE' is used to describe an action or substance which does not hurt any person or any property.

'UNSAFE' is used to describe an action or substance which might possibly cause harm to a person or to property.

Potentially Hazardous Substances

A potentially hazardous substance is any substance which may produce harmful results. These harmful results may occur as a result of either using the substance incorrectly or using it for a purpose other than that for which it was intended. These substances are designed for a specific purpose and are safe, if used with proper care for that purpose.

The potentially hazardous substances fall into the four categories which correspond to the four hazard warning signs:

- POISONOUS
- CORROSIVE
- FLAMMABLE
- EXPLOSIVE

It is important to remember, however, that, although they correspond to the warning signs, not all potentially hazardous substances have warning signs on them. Products such as those regulated under the Food and Drug Act or the Pest Control Act are not required by law to have hazardous product symbols displayed on their labels. For example, pure acetone is regulated by the Hazardous Product Act and must be labelled with the flammable and poisonous symbols. Nail polish remover, usually a dilute form of acetone, however, is a cosmetic and is regulated under the Food and Drug Act and does not have to display any hazard warning symbols.

In the early grades, it is not necessary for the students to learn the vocabulary associated with each hazard warning sign. It is sufficient for them to understand the meaning of the signs. However, if students are capable of using the correct vocabulary, they should certainly learn it.

Methods of Identifying Potentially Hazardous Products

The following are not conclusive factors in determining if a substance is potentially harmful, however they can be used as indicators.

- A WARNING SIGN - Does the product have a warning sign on its container? Any product with a hazard warning sign on it could be dangerous.
- WHERE IT IS STORED - Is the product stored in a place where children cannot reach it, e.g. cleaning products on a high shelf? They may have been put there because they are dangerous.
- WHERE THE PRODUCT IS FOUND IN THE STORE - Is the product in the section with cleaning goods? Most household cleaners have the potential of being dangerous.
- THE DIRECTIONS FOR USE - Does the product state that certain precautions should be observed when using it, e.g. using it only in a well-ventilated area? Products which have specific cautions attached to their use are probably dangerous.
- WHAT THE PRODUCT IS USED FOR - Is it a household cleaning product, a medicine, supplies for painting or woodworking, insecticide, automotive (or similar) product, supplies for the yard, a cosmetic, an alcohol or tobacco product, a plant? All of these categories have the potential to be dangerous.
- CHILD-PROOF TOPS - Does the container have a child-proof top? If it does, it is because it could be harmful, if opened by a young child.

Children should be aware that products with any of these indicators may be dangerous. If they are unsure what something is, they should always ask an adult they trust before touching it.

Different Degrees of Danger

Although not specifically taught as a lesson, teachers should be aware that the warning signs also indicate the degree of danger which may exist. The three shapes used are the triangle, the diamond and the octagon. The more sides the sign has, the more dangerous the product might be. The triangle has three sides and means that some caution is required when handling the substance; the diamond has four sides and is a warning of more serious danger; the octagon has eight sides and indicates very serious harm or danger.

Safe Handling and Storage of Potentially Hazardous Substances

There are some generally accepted rules for safe handling and storage of potentially hazardous substances. Children should not only learn the rules, but understand why these rules are necessary, and observe them, whenever possible.

1. ALL HAZARDOUS SUBSTANCES SHOULD BE KEPT OUT OF REACH OF CHILDREN.
2. LIDS SHOULD BE KEPT TIGHTLY CLOSED ON ALL POTENTIALLY HAZARDOUS SUBSTANCES.
3. DO NOT USE FLAMMABLE SUBSTANCES NEAR THE FIRE, EVEN IF IT IS ONLY BURNING SLOWLY.
4. FLAMMABLE AND EXPLOSIVE SUBSTANCES SHOULD BE KEPT AWAY FROM HEAT AND FLAMES.
5. MATCHES SHOULD BE KEPT OUT OF REACH OF YOUNG CHILDREN.
6. NO SMOKING NEAR FLAMMABLE SUBSTANCES.

7. NEVER SMELL POTENTIALLY HAZARDOUS SUBSTANCES CLOSELY.

8. NEVER MAKE HOLES IN SPRAY CANS.

9. KEEP SPRAY CANS OUT OF REACH OF YOUNG CHILDREN.

Poisonous Substances

Because poisons, their possible effects and the rules related to them are most closely associated with medicines and other drugs, these particular substances receive the most emphasis.

A poison is generally anything which is unsafe to taste, eat or drink. (There are also poisons which are unsafe to touch, e.g. poison ivy, or unsafe to smell, e.g. carbon monoxide gas.) The consequences of swallowing, or otherwise coming into contact with, a poison extend from a mild feeling of nausea, to more violent feelings of illness, to death.

The importance of children learning about poisons and rules related to everyday products cannot be over-emphasized. As more and more toxic household and industrial products appear, so are children more likely to come into contact with them. Our homes abound with potential dangers for our children - in the bathroom, under the sink, in basements, closets, garages and on and on.

Every year, thousands of young children die from accidental poisonings. In recent years the 10 most common items accidentally swallowed by young children were:

1. Children's A.S.A.
2. Bleach
3. Adult A.S.A.
4. Diaper-pail deodorizer
5. Chocolate-flavoured laxative
6. Children's fever drops
7. Cough syrup
8. Tranquilizers

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9. Birth control pills
10. Cigarette butts

(Data supplied by the Hospital for Sick Children, Toronto)

Injuries, accidents and poisonings are one of the five most common reasons for visits to the Nursing Stations or hospitals in the Northwest Territories.

There are two main ways of reducing accidents related to poisons - one is to make children aware of the more common household poisons and the dangers associated with them; the other is to keep them out of the reach of young children preferably locked away, since young children like to climb and explore.

Areas which are most likely to contain poisons are the bathroom, the kitchen, the laundry room, the living room, the bedroom, the garage or shed and the basement or furnace room.

The Poison Warning Sign

The universal POISON warning sign is:

Examples of products which carry the POISON warning sign are listed below:

- methyl hydrate
- gasoline (in a proper container)
- wood stain
- antifreeze
- turpentine
- Pledge furniture polish
- bug spray (not in an aerosol can)

Poisons With No Warning Signs

There are, however, many common poisons which have no warning signs. Some of these are hair dye, moth balls, medicines, methyl alcohol, bleach, plants and berries. Although there are no poisonous berries in the Arctic, there are berries in the southern Northwest Territories which, if eaten, may make people feel ill.

A common cause of accidental poisoning is because people often keep potentially harmful substances in containers which were not intended for storing that particular substance and which are meant for harmless substances. This leads to confusion, for example, if a substance like gas is stored in a soft drink bottle. The container is unlikely to be labelled correctly. This means it is difficult to identify exactly what is in the container. Children should learn to be suspicious of the contents of soft drink bottles in places such as the garage or furnace room.

Some Potentially Dangerous Household Poisons

CLEANING, BLEACHING AGENTS

Metal cleaners and polishers
Detergents
Ethylene glycol
Dry cleaning fluids
Amyl acetate
Benzine
Carbon tetrachloride
Ammonia
Copper and brass cleaner
Turpentine
Cleaning fluids
Alcohol
Oxalic acid
Kerosene
Methyl alcohol
Naphtha
Petroleum distillates
Window washing fluid
Drain cleaners
Typewriter cleaner
Aerosols
Oven cleaner
Bathroom bowl cleaner
Gun cleaners
Lighter fluid
Bleach

SOLVENTS

Paint remover
Wax remover
Grease spot remover
Lacquer remover
Nail polish remover
Paint thinner
Carbon tetrachloride
Kerosene
Methyl alcohol
Methanol
Turpentine
Lighter fluid
Petroleum products
White out

POLISHES AND WAXES

Nail polish
Furniture wax/polish
Car wax
Kerosene
Silver polish
Pine oil
Mineral oil
Turpentine
Naphtha
Paint

MISCELLANEOUS HOUSEHOLD PRODUCTS AND CHEMICALS

Epoxy glue
Model cement
Garden sprays
Insecticides
Pesticides
Strychnine
Herbicides
Rat Killers
Wax crayons
Inks
Fire extinguishing fluids
Rug adhesive
Rodenticides
Antifreeze
Carburetor cleaners
Gasoline
Anti-rust products
Deodorizing tablets
Plant food
Leather polishes and dyes
Shoe cleaners and polishes
Jewellery cleaners and cements
Laundry blueing

COSMETIC PREPARATIONS

- Nail polish remover
- Dandruff shampoo
- Eye make-up
- Nail polish
- Corn and wart remover
- After shave
- Shaving lotions/creams
- Hair lotions
- Suntan lotions
- Resins
- Cuticle removers
- Cologne
- Permanent-wave solution
- Bubble bath
- Hair dyes/tints
- Hair remover
- Neutralizers
- Lacquers
- Skin preparations
- Plasticizers
- Hair sprays
- Perfume

DRUGS AND MEDICINES

- Narcotics
- Antiseptics
- Vitamins
- A.S.A.
- Iron medicines
- Pain killers
- Clinitest tablets
- Rubbing alcohol
- Corn and wart remover
- Iodine
- Tranquilizers
- Birth control pills
- Laxatives
- Children's fever drops
- Cough syrup

(Most of the items in this category are only poisonous when taken orally by accident or in excess.)

PLANTS/BERRIES

Important Factors About Poisonous Substances

The most important factors for children to remember when they see a substance with a POISON warning sign are:

- IT IS NOT SAFE TO TASTE, EAT OR DRINK IT.
- IF SWALLOWED, IT MAY MAKE A PERSON ILL.
- IF SWALLOWED, IT MAY CAUSE THE PERSON TO DIE.
- NEVER TASTE ANYTHING WITH THIS SIGN ON IT.
- NEVER TASTE ANYTHING IF YOU DON'T KNOW WHAT IT IS.

Medicines Can Be Poisonous

Students learn that there may be benefits derived from taking medicines, if someone is ill. However, medicines are also one of the most commonly accidentally swallowed substances and can be extremely dangerous if not used properly. To ensure that children do not take medicine on their own, medicine must be stored safely where children cannot reach it, preferably in a cabinet which can be locked.

It may be possible to arrange a visit to the local nursing station or drug store, where the students can see for themselves how medicine is stored correctly in these places.

Children also learn that they should never take medicine on their own or from a friend. They should take medicine only from an adult they know well and trust, or from a professional health care person. These people know which medicine children should take, and also how much medicine they should take. If children take the wrong medicine or the wrong amount, they may become very ill.

The labels on jars or bottles of medicines are very important. They contain information on whom the medicine is for, what kind of medicine it is, how much should be taken, when it should be taken and also an expiry date, since the effect of the medicine changes with time.

The Rules for Medicine

To lessen the dangers of children being poisoned by swallowing medicine accidentally, there are certain basic rules which should be followed.

1. NEVER TAKE ANYONE ELSE'S MEDICINE.

   Every person is different. A medicine that works for one person may not work for another. It may make the other person ill.

2. FOLLOW THE INSTRUCTIONS ON THE LABEL.

   The label tells what kind of medicine it is, how much to take and when to take it.

3. USE MEDICINE ONLY IF YOU NEED IT.

   Medicines contain drugs and may be dangerous, because they change the way the body works. There are other ways of making people feel better - a hug, going for a walk, lying down.

4. CHILDREN SHOULD TAKE MEDICINE ONLY FROM AN ADULT THEY TRUST.

   Medicines may be dangerous. Children do not know which medicine to take, nor how much to take. They should not take medicine either from a friend their own age or a stranger.

5. KEEP MEDICINE OUT OF REACH OF SMALL CHILDREN.

   Medicine is often brightly coloured and looks attractive to a young child. Young children cannot tell the difference between candy and pills. To avoid the possibility of young children taking medicine accidentally, it should be stored where they cannot reach it.

6. NEVER USE MEDICINES THAT ARE OUT OF DATE.

   Medicines change over time. If they are old, they may not work in the same way, and may cause harmful reactions.

7. ALWAYS THROW OLD MEDICINE AWAY IN THE TOILET, NEVER IN THE GARBAGE.

   Medicine which is not disposed of carefully may be found by young children and swallowed accidentally.

8. ALWAYS TAKE MEDICINE IN A ROOM THAT IS WELL-LIT WHERE THE LABEL CAN BE CLEARLY READ.

   It is easy to confuse medicines which may look similar. It is also important to be able to read clearly the instructions on the label. The label contains important information about the medicine.

Mistaking Medicines for Candy

A common reason for children accidentally taking medicine is because of its appearance. Many medicines are brightly coloured or are in shapes which are attractive to children, e.g. children's vitamins. Young children are accustomed to thinking that anything which is bright, sugar-coated etc. must taste good and, therefore, is safe to eat. A mistake which adults often make is to encourage children to think of medicine as candy or to suggest that it tastes like candy.

Exlax chocolate laxative is a very good example of candy and medicine looking alike. When asked what the laxative is, children will almost always identify it as a chocolate bar.

If the children find candies, they should not taste them without first checking with an adult they trust if they are safe to eat.

Another danger that children should be aware of is that of accepting candies from a person whom they do not know well. The person may be offering them some kind of pills. Children should be taught to tell an adult they trust about any such incidents.

Different Kinds of Medicines

Depending on the community, medicine is obtained from different sources. In some communities, the nurse or doctor at the nursing station gives out medicine, when it is required; in other larger communities, the doctor will write out a prescription which the person must take to the drug store for the druggist to then give out the medicine. In some communities, local people may use parts of plants or animals from the land and make these into medicines, but there are usually only a few people in the community who have that particular knowledge, and other people would consult with them. All these cautions are observed because of the potential danger of the medicines.

In most communities, some kinds of medicines can be bought over-the-counter at the local store, e.g. Aspirin, cough syrup, etc. Although these medicines are readily available, they too can be dangerous, if not used properly.

It is not necessary for the students to know the vocabulary associated with the different kinds of medicines. It is sufficient for them to understand that there are different kinds of medicines, that we get them from different places and that they may all be harmful if not used correctly.

PRESCRIPTION MEDICINE

* obtained by prescription from medical personnel

NON-PRESCRIPTION MEDICINE

* purchased directly from a store, without requiring a prescription

TRADITIONAL MEDICINES

* obtained from plant or animal sources

* NOTE - Traditional medicine is an integral part of native culture - it should be considered as such and must be treated with respect. Teachers should understand that not all people who are knowledgeable about traditional medicines are willing to discuss them, particularly with non-native people. It is important for teachers to respect such feelings, and where information on traditional medicines is not available from local people, students should be simply made aware that, for some people, this is another source of medicines. Any lesson on traditional medicines should involve local elders or respected community members knowledgeable in this area.

Drug Stores in the N.W.T.

In most communities in the Northwest Territories, drugs are given out by personnel in the nursing stations. The larger communities, however, have drug stores. These drug stores are located as follows:

- YELLOWKNIFE
- INUVIK
- IQALUIT
- HAY RIVER
- FORT SMITH

Corrosive Substances

The Corrosive Warning Sign

The universal CORROSIVE warning sign is:

Examples of products which carry the CORROSIVE warning sign are listed below:

- chlorine bleach
- toilet bowl cleaner
- drain cleaner
- paint stripper
- oven cleaner
- metal polish
- tire cleaner

Important Factors About Corrosive Substances

The most important factors for children to remember when they see a CORROSIVE warning sign are:

- IT MAY HURT THE EYES OR SKIN.
- IT MAY GIVE A PERSON BLISTERS.
- IT MAY BURN THE SKIN.
- NEVER LET ANYTHING WITH THIS SIGN TOUCH YOUR SKIN OR EYES.
- NEVER TOUCH ANYTHING WITH THIS SIGN.

Flammable Substances

The Flammable Warning Sign

The universal FLAMMABLE warning sign is:

Examples of products which carry the FLAMMABLE warning sign are listed below:

- cleaning solvent
- paint remover
- rubber cement
- wood stain
- paint thinner
- fondue fuel
- automobile, snowmobile or motor bike products

Important Factors About Flammable Substances

The most important factors for children to remember when they see a FLAMMABLE warning sign are:

- IT MAY CATCH FIRE.
- IT MAY BURN YOU OR YOUR CLOTHES OR YOUR HOUSE.
- NEVER LET ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT NEAR A FIRE.

Explosive Substances

The Explosive Warning Sign

The universal EXPLOSIVE warning sign is:

Examples of products which carry the EXPLOSIVE warning sign are listed below:

- most products in metal containers designed to be released under pressure (spray cans)
- insect spray
- furniture polish
- rug cleaner

Important Factors About Explosive Substances

The most important factors for children to remember when they see the EXPLOSIVE warning sign are:

- IT MAY BLOW UP.
- IT MAY EXPLODE.
- NEVER PUT ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT SPRAY CANS NEAR HEAT OR FLAMES.
- NEVER PUT HOLES IN SPRAY CANS.
- NEVER PUT NEAR FIRE.

DRUGS

What Are Drugs?

When someone uses the word 'drugs', many people immediately think of illegal drugs, such as marijuana. The word 'drugs', however, has a much broader meaning.

The simplified definition of a drug is used for the elementary portion of the program:

ANYTHING THAT IS PUT INTO THE BODY THAT MAKES IT WORK DIFFERENTLY.

This would include such products as toothpaste, deodorant, mouthwash, medicines - all of which change the way the body works, and which do, in fact, contain drugs.

Since medicines are often the first drugs with which students may have contact, the concept of what a drug in the broadest sense is begins with a look at medicines. Medicines and the effects they have on a person's body are familiar to the students. Most students will know, for example, that if a person takes an Aspirin for a headache, the usual effect is for the headache to go away. In other words, the Aspirin somehow changes the way the body is working. Students learn that all medicines contain drugs.

Food can also have an effect on how the body works, but it is important to emphasize to students that drugs cause changes that are different from the way the body works NORMALLY. These changes may, or may not, be evident to the eye.

There are many other commonly-used substances which contain drugs and belong to the drug family. These include glue, gas, cola drinks, coffee, chocolate products, tea, cigarettes, other tobacco products, and alcohol.

When teachers are discussing drugs with their classes, some students may list marijuana, cocaine and other illegal drugs. They will often have been exposed to these on television. Although the materials for the early grades do not include references to illegal drugs, teachers should be prepared to include them in a list of members of the drug family, if students themselves bring them up.

The Effects of the More Common Drugs

The effects of drugs on the body (i.e. how they make a person's body work differently) have to be very much simplified for students in the early grades to understand.

The following is a simplified list of the effects of the more common drugs:

i) gas, glue, paint fumes (other solvents)
    * dizziness
    * sickness
    * sneezing, coughing
    * headaches
    * strange behaviour

ii) caffeine (found in cola drinks, coffee, tea, hot chocolate, chocolate)
    * brain works faster
    * hand shakes
    * sleeplessness

iii) nicotine (found in cigarettes, tobacco, chewing tobacco, snuff)
    * brain works faster
    * coughing
    * spitting
    * heart works harder

iv) alcohol (found in all spirits and alcoholic beverages - also found in a different form in substances such as anti-freeze)
    * brain slows down
    * slurred speech
    * difficulty walking properly
    * strange behaviour

v) medicines
   * the effect of each medicine is different, depending on what drug it contains

Because drugs are able to change the way the body works, they must be handled with care. It is important for students to understand that drugs themselves are neither good nor bad. It is the way in which they are used which determines whether they are helpful or harmful.

WELL-BEING

Well-being is a (w)holistic health term which represents a positive health state in physical, mental, spiritual, emotional and cultural areas. Everyone is located somewhere on the continuum of wellness between a high-level of well-being or death. The choices which a person makes with regard to his/her lifestyle affect that well-being.

The attitudes which a person develops towards potentially hazardous substances, towards medicines and towards other drugs, and the choices which that person makes with regard to these have an impact on his/her well-being.

Prevention is also important in terms of well-being. Prevention is when we take positive steps to stop something from happening, e.g. fire prevention. Although the students may not be familiar with the word 'prevention', they will be familiar with the concept. Knowing and observing the rules for handling medicines, for example, is a behaviour which prevents accidents. This in turn affects the person's well-being; if he were to take too much medicine, he might become ill - this would move him lower down the continuum of well-being. This concept will be important later on when students discuss alcohol and other drugs and the prevention of drug abuse.

People are asked to make decisions on an on-going basis, in terms of their own well-being. In order to make responsible decisions, they have to be provided with accurate information about the possible consequences of that decision. The decision which is made, however, does not depend solely on information, it is also influenced by other people - for example, friends, family, community members - and by other things such as advertising.

There are reasons why people choose to do things, but there are also positive reasons why people choose NOT to do things. Understanding the concept, that people choose NOT to do things because of its effect on their well-being, for example, will later help students to an understanding of why people choose NOT to use, or abuse, alcohol and other drugs.

NWT ALCOHOL AND DRUG PROJECTS

Aklavik Alcohol Action Committee
P.O. Box 27
Aklavik
X0E 0A0

Arctic Red River Alcohol & Drug Program
General Delivery
Arctic Red River
X0E 0B0

Baker Lake Alcohol and Drug Program
P.O. Box 149
Baker Lake
X0C 0A0

Coppermine Alcohol Awareness Centre
P.O. Box 271
Coppermine
X0E 0E0

Delta House
P.O. Box 2304
Inuvik
X0E 0T0

Fort Franklin Basic Awareness Program
General Delivery
Fort Franklin
X0E 0G0

Fort Good Hope Alcohol and Drug Program
General Delivery
Fort Good Hope
X0E 0H0

Fort Liard Alcohol and Drug Program
General Delivery
Fort Liard
X0G 0A0

Fort Norman Drop In Centre
General Delivery
Fort Norman
X0E 0K0

Fort Resolution Alcohol and Drug Program
General Delivery
Fort Resolution
X0E 0M0

Fort Simpson Area Counselling
P.O. Box 470
Fort Simpson
X0E 0N0

Fort Smith Alcohol and Drug Program
P.O. Box 957
Fort Smith
X0E 0P0

Hay River Alcohol and Drug Abuse Program
P.O. Box 338
Hay River
X0E 0R0

Hay River Dene Band -
Alcohol & Drug Abuse Program
P.O. Box 1638
Hay River
X0E 0R0

Holman Alcohol & Drug Program
General Delivery
Holman Island
X0E 0S0

House of Hope
P.O. Box 265
Tuktoyaktuk
X0E 1C0

Igloolik Alcohol and Drug Awareness Program
General Delivery
Igloolik
X0A 0L0

Katimavik Centre
P.O. Box 81
Cambridge Bay
X0E 0C0

Kingnait Aulatsivik
General Delivery
Cape Dorset
X0A 0C0

Knute Lang Camp Project
P.O. Box 27
Aklavik
X0E 0A0

Lake Harbour Katiniit Committee
General Delivery
Lake Harbour
X0A 0N0

Lutsel K'e Drug and Alcohol Program
General Delivery
Snowdrift
X0E 1A0

Northern Addiction Services Rehabilitation Program
P.O. Box 1072
Yellowknife
X1A 2N8

Pangnirtung Alcohol Education Committee
P.O. Box 253
Pangnirtung
X0A 0R0

Peel River Alcohol Society
P.O. Box 99
Fort McPherson
X0E 0J0

Pond Inlet Health and Social Services
General Delivery
Pond Inlet
X0A 0S0

Rae Edzo Counselling Services
P.O. Box 85
Rae
X0E 0Y0

Rankin Inlet Addictions Project
P.O. Box 310
Rankin Inlet
X0C 0G0

Sapuniaqtit
General Delivery
Arviat
X0C 0E0

Spence Bay Alcohol and Drug Education Project
General Delivery
Spence Bay
X0E 1B0

Tree of Peace Alcohol and Drug Program
P.O. Box 2667
Yellowknife
X1A 2P9

Tuvvik
P.O. Box 269
Iqaluit
X0A 0H0

Wrigley Alcohol and Drug Solvent Abuse Program
General Delivery
Wrigley
X0E 1E0

Zhahtie Koe Alcohol and Drug Program
General Delivery
Fort Providence
X0E 0L0

DICTIONARY

accident:	anything which happens unexpectedly and is not planned; the results of an accident could be harmful.
behaviour:	the way someone acts.
bleach:	a poisonous cleaning liquid used to make clothes white.
blister:	a water swelling under the skin.
bug spray:	a poisonous liquid which can be put on bugs to kill them.
cabinet:	is a safe place to keep things; it has shelves and a door; a 'medicine cabinet' is a safe place to keep medicines.
cigarette:	has a drug in it; it is tobacco rolled in paper; the rolled tobacco can be burned and the smoke sucked through the mouth and breathed out again.
cleanser:	a liquid or a powder substance used for cleaning; it can be harmful if not used in the right way, and usually has a sign on it to tell you how to use it.
corrosive:	being able to eat away something; for example, the rust is corrosive, that is, the rust is eating away at the car.

cough syrup:	a liquid medicine used when a person is sick with a cough; directions for safe use are printed on the bottle.
dangerous:	any action which makes a situation not safe.
drug:	anything that is put into the body that makes it work differently.
drug store:	a store where you can buy medicines and other things such as soap, toothpaste, kleenex, candy.
explode:	to burst into pieces, to blow up.
explosive:	capable of bursting into pieces, of blowing up.
flammable:	capable of catching fire easily.
fumes:	a strong smelling gas or smoke.
ear drops:	a liquid medicine put into the ears when a person is sick with an ear ache or a cold.
Ex-lax chocolate laxative:	a medicine taken to cause a bowel movement; the chocolate covering on the medicine is to make it taste better.
glue:	a substance used for sticking things together; it can have harmful or unsafe fumes.
hazard:	risk or danger.
hazard warning signs:	tell you the substance can be dangerous; the sign means there is a rule to follow to use the substance safely.

identify:	to find out who or what someone or something is; to be able to tell things apart.
label:	a piece of paper or card stuck on something showing what it is, and what it should be used for.
medicine:	a liquid or a pill taken for an illness; medicine can be harmful if not used safely.
non-prescription:	medicines which we can buy in the store without the doctor's permission.
Nursing Station:	a place where people can go if they are hurt or feeling sick; the nurse will look closely at the person to find out what is wrong, and may give the person medicine.
ointment:	a soft greasy substance used for healing cuts and sores.
permission:	written or spoken words that allow someone to do something.
pharmacist:	knows a lot about medicines; a pharmacist gets directions from a doctor on which medicine to give someone who is sick.
pills:	a little tablet or ball of medicine to be swallowed.
poison:	anything which is unsafe to taste; a poison may cause serious illness or death.
poisonous substances:	substances which are unsafe to taste; and may cause serious illness or death.

poison warning sign:	shows that people should not taste, eat or drink the substance with the sign on it.
prescription:	a piece of paper with the name of the medicine and how much and how often the sick person has to take it; the doctor gives the sick person the prescription, and it allows the person to buy the medicine.
prevent:	something that could be done to stop something from happening; for example, brushing your teeth every day could stop tooth decay and toothaches.
responsible:	able to be trusted.
rules:	tell you what to do and what not to do; rules are needed to know what to do with medicines and unsafe substances.
storage:	a place for keeping things safely away.
store:	to keep something safely away.
substance:	any material; what a thing is made of; for example, the bottle is full of a sticky substance.
swallowed:	to allow food or liquid or medicine to pass down the throat.

traditional:	something that has been passed from parents to children; something done over and over; 'traditional medicine' is from the land. In some communities, if someone is ill, he/she would go to one of the old people who knows about land medicine, and the old person would pick some of the plants from the land or find a particular part of an animal and would make medicine from it.
unconscious:	a person is alive and breathing but is stunned and not able to see or feel anything.
well-being:	- is how a person feels about himself/herself and the world around him or her. - a person's overall feeling about his or her physical and mental health. - the state of a person's physical and mental health.

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